

<b>Case Number:</b>	CM13-0061226		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	01/03/2012
<b>Decision Date:</b>	03/26/2014	<b>UR Denial Date:</b>	12/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an Expert Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Expert Reviewer is licensed in Clinical Psychology, has a subspecialty in Health Psychology and Pain Management and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The Expert Reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the medical records provided for this review, this patient reported an injury on 1/3/12 and it is listed as a traumatic motorcycle injury, with pain on the left side described as burning especially on the left forearm, left side of face, left lower extremity below the knee, groin, left hip and shoulder pain. There is widespread neuropathy on his left side, poor sleep, decreased mood, increased anxiety, significant disruption in quality of life, ability to interact with his family, and possible pain attack. In the course of this review I was unable to find a clearly stated Psychiatric Diagnosis and corresponding diagnostic code. Also, there was very little information about the nature of the accident. A request for six (6) sessions of pain psychology including one (1) evaluation was non-certified with a medication of approval for just the evaluation. This Independent Medical Review (IMR) will address the request for appeal of this decision.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Six (6) sessions of pain psychology:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Chronic Pain Medical Treatment Guidelines, May 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Psychological Evaluations Page(s): 100-101.

**Decision rationale:** Once the evaluation is completed, there will be a clear psychological diagnosis, if one exists. Ideally, the initial evaluation will help to establish the patient's baseline functioning. If based on the report treatment is needed, an initial block of three to four (3-4) sessions of cognitive behavioral treatment sessions can be authorized, and approval for any additional sessions would be dependent on documented objective functional improvement from the baseline set in the evaluation and/or first session, if needed. The Chronic Pain Guidelines indicate that psychological evaluations are recommended. The guidelines also indicate that psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations. The initial request for six (6) sessions exceeds the recommended three to four (3-4) sessions by two to three (2-3) sessions.