

Case Number:	CM13-0061665		
Date Assigned:	12/30/2013	Date of Injury:	10/24/2003
Decision Date:	05/21/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/05/2013

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 Board Certified in Psychology, 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:

The claimant is a 47 year-old male [REDACTED] with a date of injury of 10/24/03. According to medical reports, the claimant sustained injury to his back when lifting while working for [REDACTED]. According to [REDACTED] progress note dated 11/11/13, the claimant is diagnosed with: (1) low back pain; (2) lumbosacral neuritis, NOS; (3) facet syndrome; (4) chronic pain syndrome; and (5) sacroilitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

PAIN PSYCHOLOGY CONSULTATIONS, EIGHT SESSIONS,: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7),

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines regarding the psychological evaluation for the treatment of pain will be used as reference for this case. Based on a review of the medical records, the claimant continues to experience chronic pain as a result of his work-related. However, in order to provide follow-up psychological services, a

consultation/evaluation needs to be conducted that will offer diagnostic information and treatment recommendations. The request for eight pain psychology consultations is premature as there is no current evaluation. The request for pain psychology consultation, eight sessions, is not medically necessary or appropriate.