

Case Number:	CM13-0065176		
Date Assigned:	01/03/2014	Date of Injury:	12/14/2012
Decision Date:	05/16/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	12/12/2013

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 Texas. 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 injured worker is a 44-year-old female who reported an injury on 12/14/2012. The mechanism of injury was the injured worker was pulling wet towels out of the washer. The psychological evaluation of 11/01/2013 the injured worker had reported symptoms of depression including sadness, anhedonia, fatigue, feelings of worthlessness, diminished energy, motivation, memory, and concentration. The injured worker reported the occurrence of panic attacks and noted that since her injury she had frequent thoughts about the physical abuse sustained as a child. It was indicated the injured worker would benefit from pain psychology sessions to address her severe emotional distress related to chronic pain. The injured worker's diagnosis was Depressive disorder, not elsewhere classified. The treatment plan included 6 sessions of pain psychology treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

PAIN PSYCHOLOGY 1XWK X6WKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 101-102.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy, Psychological Treatment, Psychological Evaluations Page(s): 23,100,101.

Decision rationale: California MTUS Guidelines recommend psychological treatment for patients identified during the treatment of chronic pain. They recommend a treatment of cognitive behavioral therapy for an initial trial of 3 to 4 psychotherapy visits. The injured worker had signs and symptoms that would support the need for cognitive behavioral therapy. However, the request for 6 visits without re-evaluation would be considered excessive. Given the above, the request for pain psychology 1 time a week times 6 weeks is not medically necessary.