

Case Number:	CM14-0002281		
Date Assigned:	01/24/2014	Date of Injury:	10/21/2013
Decision Date:	06/13/2014	UR Denial Date:	01/05/2014
Priority:	Standard	Application Received:	01/07/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 reported an injury on 10/21/2013. The mechanism of injury was not provided in the documentation. The mechanism of injury was reportedly due to stress in the workplace. In the clinical note dated 11/05/2013 the injured worker reported feeling stressed out, could not concentrate, could not relate, and had difficulty with her home life. The injured worker reported insomnia, mental pressure, and was nervous and felt her job did not care about her safety and well being. The request for authorization for medical treatment was dated 12/17/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCHOSOCIAL EVALUATION WITH TREATMENT RECOMMENDATION IF AND AS CLINICALLY INDICATED: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions, Psychological evaluations Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy (CBT) guidelines for chronic pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions, Psychological evaluations Page(s): 23,100,102.

Decision rationale: The CA MTUS guidelines recommend considering a separate psychotherapy referral after 4 weeks if there is a lack of progress from physical medicine alone. The guidelines note 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. Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. The guidelines recommend an initial trial of 3-4 psychotherapy visits over 2 weeks, with evidence of objective functional improvement a total of up to 6-10 individual visits over 5-6 weeks. There is a lack of documentation of any previous conservative treatments to date. The requesting physician did not provide a current progress note detailing current subjective complaints and objective psychological findings. There was a lack of documentation detailing the severity of injured worker's emotional symptoms and complaints and her psychological condition. Additionally, the number of sessions of treatment being requested was not specified within the request. Therefore, the request for psychosocial evaluation with treatment recommendations if and as clinically indicated is not medically necessary or appropriate.