

Case Number:	CM14-0006782		
Date Assigned:	02/07/2014	Date of Injury:	08/31/2013
Decision Date:	06/30/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/15/2014

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 licensed 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 36-year-old female who reported an injury on 08/31/2013 secondary to assault. The injured worker was evaluated on 12/06/2013 for reports of back pain radiating to the posterior lateral aspect of the left hip and thigh, neck pain radiating down the left arm and below the elbow and trauma from the event. The injured worker was seeing a psychiatrist for counseling and trauma. The exam noted a spasm of the lumbar paraspinal muscles to the left of midline, nerve tension sign on the left, 4/5 weakness of the left EHL muscle when walking on her heels. The exam also noted diminished sensation in the posterior lateral aspect of the left thigh and shin, increased left-sided neck pain with extension and lateral stretch causing radiating pain down the arm. There was ecchymosis and bruising to the left eye. The diagnoses included a grade 1 L5-S1 spondylolithesis and small central and left-sided L4-5 disc protrusion, left eye contusion, and psychological trauma. The treatment plan included epidural steroid injection, chiropractic treatment, ophthalmologic treatment, and psychiatric counseling. The Request for Authorization and rationale for request were not found in the documentation provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCHIATRIC COUNSELING X 24 SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
PSYCHOLOGICAL TREATMENT.

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

Decision rationale: The request for psychiatric counseling times 24 sessions is not medically necessary. The California MTUS Guidelines may recommend psychological therapy for appropriately identified patients during treatment for chronic pain. The guidelines further recommend setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing comorbid mood disorders. The injured worker has received prior psychiatric counseling per the case notes. There is an indication of psychological trauma in the exam notes provided. However, there is a significant lack of objective evidence of the efficacy of prior therapy, goals of the therapy, or rationale for the intended therapy. Therefore, based on the documentation provided, the request is not medically necessary.