

Case Number:	CM14-0008215		
Date Assigned:	05/14/2014	Date of Injury:	03/20/2013
Decision Date:	07/10/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/22/2014

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 a licensed Doctor of 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 26 year-old female (DOB) with a date of injury of 3/20/13. The claimant sustained injuries to her neck, back, and legs when a large amount of totes (approx. 400 lbs.) fell on her when a forklift driver accidentally struck the totes. The claimant sustained these injuries while working as a laborer for [REDACTED]. In a "Clinical Encounter Summary" dated 1/31/14, Physician Assistant, [REDACTED] with the supervision of [REDACTED], diagnosed the claimant with: (1) Degeneration of cervical intervertebral disc; (2) Degeneration of thoracic intervertebral disc; and (3) Degeneration of intervertebral disc.

IMR ISSUES, DECISIONS AND RATIONALES

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

PAIN PSYCHOLOGY X 6 SESSIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy (CBT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

Decision rationale: Based on the review of the medical records, the claimant has been treated for her industrial injuries via medications, physical therapy, accupuncture, etc., but has not

received any psychological services to date to help her manage her pain. The CA MTUS recommends an "initial trial of 3-4 psychotherapy visits over 2 weeks" and "with evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions)" may be necessary. Based on this guideline, the request for initial "Pain Psychology X 6 Sessions" exceeds the initial number of sessions set forth by the CA MTUS and is therefore, not medically necessary.