

Case Number:	CM14-0009924		
Date Assigned:	02/21/2014	Date of Injury:	05/04/1987
Decision Date:	06/25/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	01/27/2014

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 Clinical Psychology, has a subspecialty in Health Psychology and Pain Management 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:

Based on the records provided for this independent review, this is a 53 year old female patient who recorded an industrial/occupational work-related injury on May 4th, 1987. The injury occurred when the patient was at a mandatory work picnic playing baseball and she was struck by the baseball in her face. Psychologically, she reports sleep disturbance, alcohol abuse, suicidal ideation, and depression/anxiety. Insufficient details were provided about this problems. Her medical diagnosis includes trigeminal neuralgia, migraine unspecified, atypical facial pain, insomnia. The patient reports neck pain, headaches and left cheek pain. She has been diagnosed with chronic pain syndrome and prescribed medications including: oxycodone and Norco. She has had multiple facial surgeries for reconstruction. A request for a pain psychological evaluation with six sessions at one time per week of psychotherapy treatment was made and denied; authorization. This independent medical review will address a request to overturn this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

PAIN PSYCHOLOGY EVALUATION WITH 6 SESSIONS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23 and 100-102.

Decision rationale: Given that this industrial accident occurred in 1987, it would be safe to assume that the vast majority of her medical record was not provided and scant information specifically about her current psychological condition was included. The justification for a psychological evaluation and six sessions of psychotherapy were not laid out in the files or request as they were presented. Most importantly, it's impossible to know how much psychological treatment she's had to date for these injuries and the results of those prior treatments, if any, were and also importantly how many, again if any, psychological evaluations t have been already conducted and if so when. Because of this missing information, it is not possible to ascertain the medical necessity of the treatment request. According to the MTUS treatment guidelines psychological evaluations as well as psychological treatments are a valid and well established and accepted treatment procedures and should be offered in certain circumstances. With the information provided, and without input from an initial psychological evaluation, the request for the evaluation and the six subsequent sessions cannot be found medically necessary.