

Case Number:	CM14-0100615		
Date Assigned:	07/30/2014	Date of Injury:	05/17/2012
Decision Date:	10/06/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/30/2014

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 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 injured worker is a 55 year-old female with a date of injury of 5/17/12. The injured worker sustained injury to her right foot when she slipped, twisted her ankle, and fell while working. In the 4/22/14 progress note, the treating doctor offered the following diagnostic impressions: malunion fracture of right femur, status post corrective surgery, clinically and radiographically healed. Additionally, in the 4/8/14 progress note, additional diagnoses include (1) Right 4th and 5th metatarsal malunions; and (2) Right ankle chronic synovitis/sprain. The injured worker has been treated with medications, surgery, and pain management psychological services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Psychologist visit every other week for 6 months: Upheld

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

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

Decision rationale: Per CA MTUS guideline, the use of behavioral interventions in the treatment of chronic pain will be used as references for this case. Based on the review of the medical records, the injured worker has been participating in pain management psychological

services from October through at least April 2014. In the progress note dated 4/18/14, it was indicated that the injured worker "appears to be functioning relatively well" and "she expressed feeling quite motivated and enthusiastic regarding the recovery so that she can return to the workforce." Given this information and the fact that the injured worker has been making progress and demonstrating improvements from the services, additional sessions appear appropriate. However, the request for an additional 12 sessions (biweekly for 6 mos) appears excessive. The CA MTUS guideline indicates a total of up to "6-10 visits over 5-6 weeks." Given this guideline, the request for an additional 12 visits exceeds the total number of visits set forth by the CA MTUS. As a result, the request for "Pain Psychologist visit every other week for 6 months" is not medically necessary.