

Case Number:	CM14-0101178		
Date Assigned:	07/30/2014	Date of Injury:	03/12/2013
Decision Date:	08/29/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/01/2014

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 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 52 year-old male (██████████) with a date of injury of 3/12/13. The claimant sustained injury to his back when the floor collapsed, causing the claimant to fall approximately 20 feet. The claimant sustained this injury while working for ██████████. In his "Doctor's First Report of Occupational Injury or Illness" dated 6/6/14, ██████████ diagnosed the claimant with: (1) Lumbar IVD derangement; (2) Lumbar, cervical SP/ST; (3) Cephalgia; and (4) Depression. Additionally, ██████████, in his 4/3/14 "Follow-up Patient Narrative", diagnosed the claimant with: (1) Lumbar disc disorder - other; and (2) Sprain/strain lumber. The claimant has been treated with medications, acupuncture, physical therapy, and back support.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consult w/ Therapist for Cognitive Behavior Therapy: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398, Chronic Pain Treatment Guidelines Psychological evaluations.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PSYCHOLOGICAL EVALUATIONS Page(s): 100-101.

Decision rationale: The CA MTUS guideline regarding the use of psychological evaluation will be used as reference for this case. Based on the review of the medical records, the claimant

continues to experience chronic pain since his injury in March 2013. Although there is minimal records of any depressive symptoms, [REDACTED] diagnosed the claimant with depression and recommended an evaluation. The Ca MTUS indicates that psychological evaluations are "recommended. 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." Although the claimant may be experiencing some symptoms of depression, he is certainly experiencing chronic pain. Given that he remains symptomatic despite conservative treatments, the request for a psychological consultation/evaluation appears reasonable. As a result, the request for a "Consult w/ Therapist for Cognitive Behavior Therapy" is medically necessary.