MAXIMUS Federal Services

Case Number:	CM14-0012739		
Date Assigned:	02/21/2014	Date of Injury:	10/30/2008
Decision Date:	06/26/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/31/2014

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 claimant is a 63 year-old male with a date of injury of 10/30/08. The claimant sustained injuries to his spine as well as his left knee/leg when he was carrying a heavy bag of cement and he slipped while working as a journeyman for [redacted] He has received treatment via medications, injections, surgery, a home expercise program, and a functional restoration program. Due to the limited records offered for review, neither a current medical nor psychiatric diagnosis(es) were provided. It is noted within [redacted] note dated 2/5/14 that the claimant continues to have chronic left knee pain. He also continues to have symptoms of depression and anxiety and he continues to report having feelings of helplessness.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE (12) FOLLOW UP VISITS WITH THE PSYCHOLOGIST: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDLINES, FUNCTIONAL RESTORATION PROGRAMS AND PSYCHOLOGICAL TREATMENT, 30,101

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDIC AL TREATMENT

GUIDELINES, PSYCHOLOGICAL TREATMENT; BEHAVIORAL INTERVENTIONS, 101-102; 23

Decision rationale: The California MTUS guidelines regarding the use of psychological treatment and behavioral interventions for the treatment of chronic pain will be used as references for this case. Based on the review of the records, the claimant continues to struggle with both chronic pain and psychiatric symptoms of depression and anxiety. It does not appear that the claimant has received any recent psychological services to address these symptoms. At this time, a psychological evaluation is needed to provide more specific diagnostic information and offer appropriate treatment recommendations. Without an evaluation, the request is premature. As such, the request is not medically necessary.