

Case Number:	CM14-0115453		
Date Assigned:	08/04/2014	Date of Injury:	12/14/2004
Decision Date:	09/10/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	07/23/2014

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 55 year-old female [REDACTED] with a date of injury of 12/14/04. The claimant sustained injury to her back, hip, and lower right extremity when she was lifting 10 poing buckets of coffee beans from the floor to a higher shelf. The claimant sustained this injury while working as a supervisor for [REDACTED]. The claimant has been diagnosed with lumbar post-laminectomy syndrome and osteoarthritis of the hip. She has received conservative treatments and recently completed a 6 week functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Pain psychology sessions: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral therapy Page(s): 45. Decision based on Non-MTUS Citation Official Disability Guidelines, Cognitive behavior therapy, pain psychology.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions (CA MTUS 2009) Page(s): 23.

Decision rationale: The CA MUS guideline regarding the use of behavioral interventions in the treatment of chronic pain will be used as reference for this case. Based on the review of the medical records, the claimant has successfully completed a 6 week, 180 hour FRP. The request

under review is for additional follow-up services. Although the claimant completed the FRP, a transition to weekly sessions for a total of 6 sessions, appears to be an appropriate request in order to continue with some continuity of care. As a result, the request for "6 Pain psychology sessions" is medically necessary.