

Case Number:	CM14-0128737		
Date Assigned:	08/18/2014	Date of Injury:	10/31/2013
Decision Date:	09/11/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/13/2014

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 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:

According to the records are provided for this independent review, this patient is a 59-year-old male who reported an industrial accident while working as a custodian for the [REDACTED] when he slipped on wet leaves and fell while pushing a large garbage bin, injuring his back. The date of injury is listed as October 31, 2013. The patient reports low back pain radiating down to his left lower extremity all the way to the feet with numbness and tingling that limits his ability to walk and engage in activities that require repetitive bending and stooping were carrying pushing or pulling more than 15 pounds. He has been diagnosed with lumbosacral disc injury, radiculopathy, sprain/strain injury; and Myofascial pain syndrome. There are reports of urinary incontinence and sexual dysfunction as well as anxiety, depression, and sleep disorder. He has been actively engaging in conservative medical treatments including acupuncture, chiropractic treatment, infrared heat, Myofascial release. A request for a psychological evaluation and treatment was made and non-certified. The utilization review rationale for their decision was stated that until the psychological evaluation is completed that psychological treatment should not begin. The psychological evaluation was approved but the treatment was not.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychologist evaluation and treatment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations Page(s): 100.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two, Behavioral Interventions, Cognitive Behavioral Therapy, and Psychological Evaluation Page(s): 100-101 and 23-24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Topic: Psychotherapy Guidelines, Cognitive Behavioral Therapy, June 2014 Update.

Decision rationale: According to the MTUS guidelines psychological evaluations are accepted and generally well established diagnostic procedures. The MTUS and ODG treatment guidelines state that psychological treatment is appropriate for properly identified patients and that if an initial treatment trial of 3 to 4 sessions (or 6 sessions based on the ODG) is given and the result of the initial treatment trial is that there are objective functional improvements then additional sessions 13-20 can be offered if progress in treatment is being made. Additional requests for treatment sessions are contingent on the patient making objective functional improvements as a result of the treatment that has been provided and not solely based on the patient having symptomology. The request for psychological treatment has no quantity attached to it and the information provided for this review does not contain sufficient information regarding the patient's psychological symptomology to warrant psychological treatment. Very little information was provided other than he is depressed, clear psychological diagnosis was not provided nor was there any indication of the impact of the psychological symptoms that he is experiencing on his functional capacity. Therefore, the request is not medically necessary.