

Case Number:	CM14-0132646		
Date Assigned:	08/22/2014	Date of Injury:	04/09/2010
Decision Date:	09/24/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/19/2014

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 42 year-old male (██████████) with a date of injury of 4/9/10. The claimant sustained injury to his lower back while handling and carrying a large printer weighting approximately 80-90 pounds. The claimant sustained this injury while working as a computer salesman for ██████████. The claimant has received treatment for his orthopedic injury including medications and surgery. It is also reported that the claimant has developed psychiatric symptoms of depression and anxiety secondary to his work related orthopedic injury. There are no psychological records submitted for review so there is no psychiatric diagnosis to present.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatrist follow up: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Cognitive Behavioral Therapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter.

Decision rationale: The CA MTUS does not address follow-up office visits therefore, the Official Disability Guidelines regarding office visits will be used as reference for this case. Based on the review of the medical records, the claimant has been experiencing symptoms of depression and anxiety secondary to the chronic pain that resulted from his work-related orthopedic injury. The claimant has yet to be evaluated by a psychiatrist however, a psychiatric evaluation has been authorized. Without the results of the evaluation, the request for a "Psychiatrist follow up" is premature and therefore, not medically necessary.

Psychotherapy x 8 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Cognitive Behavioral Therapy for chronic pain.

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

Decision rationale: The CA MTUS 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 submitted medical records, the claimant continues to experience chronic pain since his injury in 2010. The request under review is for psychotherapy sessions however, there was no information within the records indicating a need for psychological services. The UR letter dated 7/24/14 indicates that there was a "Doctor's First Report dated 7/15/14" however, this report was not submitted for review. Apparently, the report offered the information relevant to the request. Without adequate information to substantiate the request, the need for psychological services cannot be determined. As a result, the request for Psychotherapy x 8 sessions is not medically necessary.