

Case Number:	CM14-0158558		
Date Assigned:	10/02/2014	Date of Injury:	03/30/2013
Decision Date:	10/29/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/26/2014

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 34 year-old female (██████████) with a date of injury of 3/30/13. The claimant sustained injury to her back while working for ██████████. The mechanism of injury was not found within the limited medical records submitted for review. In his PR-2 report dated 7/2/14, ██████████ diagnosed the claimant with: (1) Sprain/strain-lumbar; (2) Thoracic/lumbosacral neuritis/radiculitis, unspecified; and (3) Sciatica. It is also reported that the claimant developed psychiatric symptoms secondary to her work-related orthopedic injury. However, there are no psychological records submitted for review to confirm any psychiatric diagnosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up office visit with psych: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Psychotherapy Guidelines

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 Official Disability Guideline regarding the use of cognitive behavioral treatment will be used as reference for this case. Based on the review of the limited medical records, the claimant completed an initial psychological evaluation with [REDACTED] on June 20, 2014. It is assumed that the claimant participated in follow-up services however; there are no records to confirm this assumption. Without any psychological records, the need for additional services / follow-up visits cannot be determined. As a result, the request for a "Follow up office visit with psych" is not medically necessary.