

<b>Case Number:</b>	CM14-0171360		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	11/08/2008
<b>Decision Date:</b>	12/02/2014	<b>UR Denial Date:</b>	09/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2014

### 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 a licensed Psychologist, 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 62 year-old male [REDACTED] with a date of injury of 11/3/08. The claimant sustained injury to his back when he was involved in a rear-end motor vehicle accident while working as a Claims Adjustor for [REDACTED]. There were only two medical records included for review. Those records were dated 5/6/09 and 8/19/13 and consist of [REDACTED] Agreed Medical Examinations. No current diagnoses were available and there were no psychological records submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 follow- up visits with psychologist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment, Behavioral interventions Page(s): 101-102, 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cognitive Behavioral Therapy (CBT) guidelines for chronic pain

**Decision rationale:** The CA MTUS guidelines regarding the use of psychological treatments and behavioral interventions in the treatment of chronic pain will be used as references. There were

no psychological records available to review. Without any information about psychological symptoms, prior treatment, response to completed sessions, etc., the request for services cannot be determined. As a result, the request for "12 follow- up visits with psychologist" is not medically necessary.