

Case Number:	CM14-0175667		
Date Assigned:	10/28/2014	Date of Injury:	12/10/2012
Decision Date:	12/05/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	10/23/2014

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 50 year-old male [REDACTED] with a date of injury of 12/10/12. The claimant sustained injury to his knees, hips, and back as the result of a slip and fall while working for [REDACTED]. In his "Visit Note" dated 10/2/14, [REDACTED] diagnosed the claimant with Lumbar Disc Displacement. He also noted "substantial depression and anxiety issues as well as anger issues." The request under review is for psychotherapy services.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Psychological management session between 10/13/2014 and 11/27/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions 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 limited medical records, the claimant continues to experience chronic pain as well as experience some psychiatric symptoms. In his "Visit Note" dated 10/2/14, [REDACTED] noted symptoms of anxiety and depression as well as anger. He indicated that although the claimant had been authorized for

psychological sessions in 2013, he only completed one of them before deciding not to continue. [REDACTED] is hoping to use the remaining sessions. Unfortunately, there were no psychological records submitted for review. As a result, there is no information regarding the claimant's psychological consultation from last year nor a note from the completed session. Given that the psychological evaluation was completed over one year ago, a new psychological evaluation would be helpful to not only offer more specific diagnostic information, but also offer appropriate treatment recommendations. Without this information, the need for services cannot be fully determined. As a result, the request for "6 Psychological management sessions between 10/13/2014 and 11/27/2014" is not medically necessary. It is noted that the claimant received a modified authorization of 1 session in response to this request.