

Case Number:	CM14-0178066		
Date Assigned:	10/31/2014	Date of Injury:	07/10/1997
Decision Date:	12/08/2014	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	10/27/2014

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 61 year-old male [REDACTED] with a date of injury of 7/10/97. The claimant sustained injuries to his back as the result of cumulative trauma sustained while working for [REDACTED]. In her RFA dated 10/15/14, treating physician, [REDACTED] diagnosed the claimant with: (1) Post-lumbar laminectomy syndrome; (2) Lumbar facet syndrome; and (3) Spinal stenosis lumbar. The request under review is for an initial pain management psychological evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to [REDACTED] pain management psychologist for one-time evaluation for cognitive behavioral of therapy and pain coping skills: Overturned

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 Psychological treatment; Psychological evaluations Page(s): 101-102; 100-101.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) guidelines regarding the use of psychological treatments and psychological evaluations will be used as reference for this case. Based on the review of the limited medical records, the claimant

continues to experience chronic pain since his injury in July 1997. In her RFA dated 10/15/14, [REDACTED] requested a pain management psychological evaluation with [REDACTED] however, there was no other documentation to substantiate the request offered for review. In the 10/20/14 "Utilization Review Determination" letter, there was mention of a 10/13/14 report from [REDACTED]. [REDACTED], but this report was not included in the records submitted for review. Despite having minimal information regarding the claimant's current psychological symptoms and need for a pain management psychological evaluation, the California MTUS states that it is the role of the providing physician to, "Identify patients who continue to experience pain and disability after the usual time of recovery. At this point a consultation with a psychologist allows for screening, assessment of goals, and further treatment options, including brief individual or group therapy." Given that psychological services are out the scope of [REDACTED] practice, the referral for a psychological evaluation is appropriate. As a result, the request for "Referral to [REDACTED] [REDACTED] pain management psychologist for one-time evaluation for cognitive behavioral of therapy and pain coping skills" is medically necessary.