

Case Number:	CM14-0021845		
Date Assigned:	05/05/2014	Date of Injury:	09/26/1999
Decision Date:	07/09/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/20/2014

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 48 year-old female with a date of injury of 9/26/99. The claimant sustained an injury to her lumbar spine when she was picking up boxes and baskets and fell down with them. She sustained this injury while working. In his 1/9/14 "New Patient Evaluation", [REDACTED] diagnosed the claimant with Bilateral L5 radiculopathy, with L5-S1/L4-L5 right paracentral herniation and clinical left-sided lower extremity pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 PSYCHOLOGICAL EVALUATION VISITS FOR CHRONIC PAIN OF THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 400. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Stress/Mental.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100-101.

Decision rationale: The CA MTUS guideline regarding psychological evaluations in the treatment of chronic pain will be used as reference for this case. Based on the review of the medical records, the claimant has been treated with psychotropic medications by pain medicine

physician and psychiatrist, [REDACTED], but has not participated in any psychological services to treat her chronic pain and depression. In his 1/9/14 "New Patient Evaluation", [REDACTED] wrote, "I would also strongly recommended given her fear avoidance behavior and her tearfulness in clinic today, that a thorough pain psychology evaluation, management, and treatment program should be in order." [REDACTED] observations were relevant and appropriate however, the request for 4 psychological evaluation visits is excessive as only one will suffice. As a result, the request for "4 psychological evaluation visits for chronic pain of the lumbar spine" is not medically necessary.

4 COGNITIVE BEHAVIORAL THERAPY (CBT) VISITS FOR CHRONIC PAIN OF THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 400. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Stress/Mental.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Psychological Treatment, pages 100-102.

Decision rationale: The CA MTUS guideline for the use of psychological treatments and behavioral interventions in the treatment of chronic pain will be used as references for this case. Based on the review of the medical records, the claimant has been treated with psychotropic medications by pain medicine physician and psychiatrist, [REDACTED], but has not participated in any psychological services to treat her chronic pain and depression. In his 1/9/14 "New Patient Evaluation", [REDACTED] wrote, "I would also strongly recommended given her fear avoidance behavior and her tearfulness in clinic today, that a thorough pain psychology evaluation, management, and treatment program should be in order." [REDACTED] observations were relevant and appropriate however, the request for CBT visits is premature. Before visits can be offered, a thorough psychological assessment/evaluation needs to be conducted that will offer more specific diagnostic information and appropriate treatment recommendations. As a result, the request for "4 cognitive behavioral therapy (CBT) visits for chronic pain of the lumbar spine" is not medically necessary.