

Case Number:	CM14-0027170		
Date Assigned:	03/07/2014	Date of Injury:	01/18/2014
Decision Date:	09/30/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	03/05/2014

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 Texas. 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:

This is a 31-year-old male who reported an injury on 01/18/2014. The worker reportedly was carrying an air conditioning unit and smashed his right index finger against the metal wall. On 04/11/2014 the injured worker presented with complaints of low back pain. Upon examination, there was tenderness in the lumbar spine from L1 to S1 with decreased range of motion. An MRI of the thoracic spine performed on 03/06/2014 noted diffuse desiccation of the thoracic spine and no significant focal disk protusion of the thoracic spine. An MRI of the lumbar spine performed on 03/06/2014 noted straightening of the lumbar lordosis, disc desiccation at L4 to L5 and a 2.5 millimeter posterior central disk protusion. Diagnoses were contusion to the right hand, chronic strain and sprain of the thoracic/lumbar spine associated with musculoligamentous structures, multi level lumbar disk disease, mild right peroneal motor mononeuropathy and depressive reaction. Prior treatment included acupuncture, chiropractic care and medications. The provider recommended psychological evaluation and treatment, the providers rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCHOLOGICAL EVALUATION AND TREATMENT: 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 ODG Cognitive Behavior Therapy Guidelines Page(s): 26.

Decision rationale: The California MTUS Guidelines recommended psychotherapy referral after a 4 week lack of progress from physical medicine alone. An initial trial due to 4 psychotherapy visits over 2 weeks would be recommended, with evidence of objective functional improvement, total of up to 6 to 10 visits over 5 to 6 weeks would be recommended. The requesting physician did not include an adequate psychological assessment including qualifiable data in order to demonstrate significant deficits which would require therapy as well as establish a base line by which to assess improvements during therapy. The provider's request for psychological evaluation and treatment did not indicate the amount of psychological treatment being requested or the frequency in the request as submitted. As such, medical necessity has not been established. Therefore, the request for Psychological Evaluation and Treatment is not medically necessary.