

Case Number:	CM14-0042660		
Date Assigned:	06/30/2014	Date of Injury:	07/11/2011
Decision Date:	07/30/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/09/2014

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 57 year-old male with a date of injury of 7/11/11. The claimant sustained injury while working for the [REDACTED]. The mechanism of injury was not found within the minimal medical records offered for review. Although there was a recent PR-2 from [REDACTED] dated 3/4/14, the diagnosis on the report was difficult to discern. According to the UR determination letter dated 4/2/14, the claimant is diagnosed with displcmt thor/lumb intervert disc w/o mylopathy, spinal sten lumb reg w/o neurogenic claudication and thoracic / lumbosacral neuritis/radiculitis unspec. Additionally, in the PR-2 report dated 3/4/14, [REDACTED] identified "stress/anxiety/depression due to chronic pain, physical limitations."

IMR ISSUES, DECISIONS AND RATIONALES

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

Psyche: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines Chapter 7 page 127 Examinations and Consultations.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment, Pages 101-102, Behavioral interventions, Page 23 Page(s): 100-102, 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain, Cognitive Behavioral Therapy (CBT).

Decision rationale: The California MTUS guidelines regarding psychological treatment, behavioral interventions, and psychological evaluations will be used as references in this case. There was only one medical report offered for review. In that 3/4/14 PR-2 report from ■■■■■■■■■■, it was noted that the claimant was experiencing stress, anxiety, and depression as the result of his chronic pain and physical limitations however, there was nothing else mentioned. The request for "Psyche" remains too vague as it does not identify whether the request is for an initial psychological evaluation or for follow-up treatment sessions. Since there were no psychological records offered for review, one will assume that the request is for an evaluation however, without any information to clarify and substantiate the request, the request for "Psyche" is not medically necessary. It is recommended that future requests be much more specific regarding the exact type of service being requested and either the duration for which services are to occur and/or the number of services requested. It is noted that the claimant was authorized for a psychological evaluation in response to this request.