

Case Number:	CM14-0046379		
Date Assigned:	07/02/2014	Date of Injury:	04/06/2010
Decision Date:	08/01/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	04/15/2014

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 66 year-old female (██████████) with a date of injury of 4/6/10. The claimant sustained injury to her neck, right shoulder, low back and right hip as the result of a motor vehicle accident while working as a Transit Operator for ██████████. In his 3/20/14 PR-2 report, ██████████ diagnosed the claimant with: (1) Cervical facte syndrome; (2) Cervical pain; (3) Lumbar facet syndrome; (4) Shoulder pain; (5) Low back pain; and (6) Hip bursitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral Pain Psychologist, consultation, evaluation, treatment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 23-25.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment (CA MTUS 2009) Page(s): 101-102.

Decision rationale: Based on the review of the medical records, the claimant has continued to experience chronic pain since her work-related injury in April 2010. It does not appear that she has received any prior psychological services. Therefore, the request under review is an initial request for psychological services. The CA MTUS indicates the following: "Step 2: 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 this guideline and the indications that the claimant continues to experience pain and disability after the usual time of recovery, the request for psychological services appears reasonable. However, the request for "Referral Pain Psychologist, consultation, evaluation, treatment" remains too vague as it includes not only the evaluation, but an unknown number of treatments as well. As a result, the request for "Referral Pain Psychologist, consultation, evaluation, treatment" is not medically necessary. It is noted that the claimant received a modified authorization for an evaluation and 4 psychotherapy CBT visits.