

Case Number:	CM14-0047341		
Date Assigned:	07/02/2014	Date of Injury:	02/07/2014
Decision Date:	08/07/2014	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 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 44 year-old female () with a date of injury of 2/7/14. The claimant sustained injuries to her neck and back when she fell down a flight of stairs while working as a Legal Processing Specialist for . In their Visit Note dated 3/27/14, Physician Assistant, , and diagnosed the claimant with: (1) Sprain/strain, thoracic region; (2) Sprain/strain, lumbar region; (3) Pain in joint, lower leg-right knee contusion; and (4) Sprain/strain of neck.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Follow-up visits with psychologist for CBT (Cognitive Behavior Therapy): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The CA MTUS guidelines regarding the use of psychological treatment and behavioral interventions for the treatment of chronic pain will be used as references for this case. Based on the review of the medical records, the claimant has continued to experience chronic pain since her injury in February this year. Although she is experiencing chronic pain and

exhibiting some symptoms of depression and anxiety, a psychological evaluation has not been completed. Without a current psychological evaluation that will present more specific diagnostic information and appropriate treatment recommendations, the request for psychotherapy sessions is premature. As a result, the request for 12 Follow-up visits with psychologist for CBT (Cognitive Behavior Therapy) is not medically necessary.

Psychology consultation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 391, 398.
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Psychological evaluations (CA MTUS 2009) Page(s): 100-101.

Decision rationale: Based on the review of the medical records, the claimant has continued to experience chronic pain since her injury in February of this year. Additionally, she is exhibiting some symptoms of depression and anxiety. In their Visit Note dated 3/27/14, Physician Assistant, [REDACTED], and [REDACTED] wrote, we do believe she is having some reactive depression and anxiety which may impair her ability to recover from this injury. Additionally, her scores on the SCL-90-R, the P-3, and the Millon Behavioral Medicine Diagnostic (MBMD) indicate a potential need for psychological services. Given this information from the claimant's treating physician, the request for a Psychology Consultation is medically necessary.