

Case Number:	CM14-0054698		
Date Assigned:	07/07/2014	Date of Injury:	03/15/2013
Decision Date:	08/07/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/23/2014

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 Psychologist 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:

The injured worker is a 61-year-old male with a reported injury on 03/15/2013. The mechanism of injury was noted as the injured worker was lifting some wire reels, weighing approximately between 50 to 100 pounds each, and he felt pain to his lower back. The injured worker had an examination on 02/05/2014, where he continued to complain of how his life has changed since he had surgery and it has had a negative impact to his family life because he becomes easily tired. He reported that he does continue to walk daily and walks for about a block before the pain becomes too severe. His medications consisted of quazepam, folic acid, gabapentin, hydrocodone/acetaminophen, ibuprofen, nu-iron, vitamin B12, and vitamin C. The injured worker also takes Viagra. The injured worker has completed 12 sessions of physical therapy and is now doing his home exercise program. The injured worker currently has not returned to work. There is no documentation provided regarding any kind of depression or any need for the psychotherapy or psychologist. There has not been a psychological evaluation that has been provided. There is no evidence of the injured worker complaining of being depressed or having any functional deficits. His diagnoses included lumbar disc displacement without myelopathy, cervical disc degeneration, and brachial neuritis or radiculitis not otherwise specified. The recommended plan of treatment was not provided. There was no request for a consult to treat by a psychologist. There was no Request for Authorization, nor was there a rationale.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation and treat with psychologist for further evaluation and treatment for depression: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 19-23.

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

Decision rationale: The request for a consult and treatment with a psychologist for further evaluation and treatment of depression is not medically necessary. The California MTUS Guidelines recommend psychological treatment for identified injured workers during the treatment of chronic pain. The psychological intervention for chronic pain includes setting goals, determining appropriateness of treat, conceptualizing a injured worker's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing comorbid mood disorders. There is no documentation regarding any psychological issues provided. There was lack of evidence of complaints of depression, anxiety, post-traumatic stress disorder. There was no documentation regarding previous conservative care such as medications and the efficacy. The injured worker is participating in a home exercise program, but there are no specifics on that program. There was also no mention of the efficacy of his previous physical therapy. Therefore, the request for the consult of a psychologist is not medically necessary.