MAXIMUS Federal Services

Case Number:	CM14-0064757		
Date Assigned:	07/11/2014	Date of Injury:	04/06/2010
Decision Date:	08/08/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/08/2014

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 65 year-old female ([redacted]) with a date of injury of 4/6/10. The claimant sustained injury as the result of a motor vehicle accident while working as a Transit Operator for [redacted]. In his PR-2 report dated 3/20/14, [redacted] diagnosed the claimant with: (1) Cervical facet syndrom; (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, [redacted] - Consultation, Evaluation, Treatment: Upheld

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

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

Decision rationale: The CA MTUS guidelines regarding the uss of psychological treatment, behavioral interventions, and psychological evaluation in the treatment of chronic pain will be used as reference in this case. Based on the review of the medical records, the claimant has continued to experience chronic pain since her injury in April 2010. According to the utilization

determination letter dated 5/1/14, the request under review is a duplicate request as the letter reports that the claimant was already authorized in April 2014 by [redacted] with [redacted] for a psychological evaluation and a trial of 4 psychotherapy sessions. However, there are no records submitted for review that can verify the authorization. Despite this, the request for consultation, evaluation, and treatment remains too vauge as it not only includes a request for an evaluation, but also a request for an unknown number of sessions. Because of the generalized nature of the request, the request for Referral Pain Psychologist, [redacted] - Consultation, Evaluation, Treatment is not medically necessary.