

Case Number:	CM14-0091742		
Date Assigned:	07/25/2014	Date of Injury:	06/17/2012
Decision Date:	08/28/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/17/2014

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 51 year-old male [REDACTED] with a date of injury of 6/17/12. The claimant sustained injuries to his head, neck, back, leg, and right shoulder when he was involved in a motor vehicle accident. It is reported that while he was driving his 18 wheeler semi-truck, the claimant was struck by a drunk driver, which caused the claimant to hit the freeway barrier. The claimant sustained this injury while working as a truck driver for [REDACTED]. In his Pain Medicine Follow-up dated 6/27/14, [REDACTED] diagnosed the claimant with: (1) Lumbar radiculopathy; (2) Lumbar disc degeneration; (3) Occipital neuralgia on the right; (4) Cervical facet syndrome on the right; (5) Cervical disc degeneration; (6) Lumbar facet syndrome; and (7) Right hip osteoarthritis. Additionally, in his PR-2 report dated 7/16/14, [REDACTED] diagnosed the claimant with: (1) Contusion of face, scalp, and neck except eyes; (2) Thoracic sprain; and (3) Brachial neuritis/radiculitis NOS. It is also reported that the claimant has developed psychiatric symptoms secondary to his work-related orthopedic injuries. In their Initial Neuropsychological Evaluation dated 2/26/14, [REDACTED] and [REDACTED] diagnosed the claimant with Major depressive disorder, single episode, moderate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Analysis/Drug Screening: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic use of Opioids.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter.

Decision rationale: The ODG guideline regarding the use of opioid medications will be used as reference for this case. Based on the review of the medical records, the claimant continues to experience chronic pain and is being seen by both [REDACTED] and [REDACTED]. A urinalysis screening is a customary part of a pain management program. It is unclear why a separate request for a "Urine Analysis/Drug Screening" is being made. As a result, the request is not medically necessary.

Psychological Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations Page(s): 100-101.

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

Decision rationale: The CA MTUS guideline for psychological evaluations will be used as reference for this case. Based on the review of the medical records, the claimant has developed psychiatric symptoms of depression. As part of [REDACTED]'s Initial Neuropsychological Evaluation dated 2/26/14, the claimant completed psychological testing and was further evaluated by psychologist, [REDACTED]. In that report, [REDACTED] recommended that the claimant receive 12 to 16 psychotherapy sessions to treat ongoing depressive symptoms. Since the claimant has already completed a neuropsychological evaluation that included the same testing that would ordinarily be included in a typical psychological evaluation, the request for a Psychological Evaluation is not medically necessary.

Biofeedback: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations Page(s): 100-101.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24-25.

Decision rationale: The CA MTUS guideline for the use of biofeedback in the treatment of chronic pain will be used as reference for this case. It is reported that the claimant is experiencing chronic pain as well as symptoms of depression. It was reported in [REDACTED] re-evaluation report from March 2014, which the claimant had yet to see a psychologist for treatment. It is unclear whether the claimant has been authorized for psychotherapy services. The CA MTUS indicates that biofeedback is not to be used as a stand-alone treatment, but recommended as an option in a cognitive behavioral therapy (CBT) program to facilitate exercise therapy and return to activity. Since the claimant is not participating in any CBT psychotherapy, the request for biofeedback is not appropriate. Additionally, the request Biofeedback is too vague as it does not indicate how many sessions are being requested and over what duration of time they are to occur. As a result, the request is not medically necessary.

Psychological Testing: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations Page(s): 100-101.

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

Decision rationale: The CA MTUS guideline for psychological evaluations will be used as reference for this case. Based on the review of the medical records, the claimant has developed psychiatric symptoms of depression. As part of [REDACTED] Initial Neuropsychological Evaluation dated 2/26/14, the claimant completed psychological testing and was further evaluated by psychologist, [REDACTED]. In that report, [REDACTED] recommended that the claimant receive 12 to 16 psychotherapy sessions to treat ongoing depressive symptoms. Since the claimant has already completed a neuropsychological evaluation that included the same testing that would ordinarily be included in a typical psychological evaluation, the request for a Psychological Testing is not medically necessary.

