

Case Number:	CM14-0160753		
Date Assigned:	10/06/2014	Date of Injury:	06/23/2009
Decision Date:	01/02/2015	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/30/2014

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 45 year-old female (██████████) with a date of injury of 6/23/09. The claimant sustained injury while working for ██████████. According to the "Peer Review Report" dated 9/3/14, the claimant has been diagnosed with: (1) Psychophysiological disorder; (2) Arthritis of the knee; (3) Ankle pain; (4) Degeneration of cervical intervertebral disc; (5) Lumbar post-laminectomy syndrome; (6) Low back pain; and (7) Sciatica. Unfortunately, there are no medical records from referring physician, ██████████, to confirm this diagnosis. The request under review is for an initial trial of 6 pain psychology psychotherapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain psychology 1 x 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 102 of 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment; Behavioral interventions Page(s): 101-102; 23.

Decision rationale: The CA MTUS guidelines regarding the use of psychological treatments and behavioral interventions in the treatment of chronic pain will be used as reference for this case. Based on the review of the minimal medical records, the claimant was referred by treating

physician, [REDACTED], for psychological services. Unfortunately, there were no medical records submitted for review by [REDACTED]. Without any documentation to support the need for psychological services, the request for psychotherapy cannot be substantiated. Additionally, it is recommended that a psychological evaluation be conducted first in order to obtain a more accurate diagnosis and garner appropriate treatment recommendations. As a result of the above, the request for "Pain psychology 1 x 6 sessions" is not medically necessary.