

Case Number:	CM14-0172031		
Date Assigned:	10/23/2014	Date of Injury:	04/28/2012
Decision Date:	03/16/2015	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/17/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, New York, Florida

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care Medicine

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 52-year-old male who reported an injury on 04/28/2012 due to an unspecified mechanism of injury. On 09/02/2014, he presented for a psychological treatment session. It was stated that he had attended 3 out of 3 sessions and stated that he was trying to manage his anxiety better in relation to his potential job modification. He was also noted to be continuing with his regular job duties and was taking some precautions and trying to be careful on his daily job routine. It was stated that the injured worker had demonstrated having a very functional life, working a full time job, keeping good hygiene, and managing positive thoughts. It was stated that there was concern regarding his mental state with the possibility of having to reduce his hours due to a job modification. It was recommended that he continue with 4 additional psychological sessions. The treatment plan was for pain management counseling times 4 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management counseling x 4 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, 2008, Chronic pain. Occupational Medicine Practice guidelines, 2nd edition, page 321-322

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

Decision rationale: The Official Disability Guidelines recommend counseling when there is evidence of depression, anxiety, or irritability. Based on the clinical documentation submitted for review, the injured worker was noted to have attended 3 psychological sessions with a good response. While it is noted that he had a good response to his previous psychological treatment sessions, there was a lack of documentation showing evidence of the medical necessity for continuing psychological sessions. The documentation provided did not indicate that the injured worker had the presence of depression, anxiety, or irritability. It was noted that there was concern regarding the possibility of him having to reduce hours and the effect that it would have on his mental status. However, this rationale for continuing therapy would not be supported by the guidelines provided. Therefore, the request is not medically necessary.