

Case Number:	CM14-0192535		
Date Assigned:	11/26/2014	Date of Injury:	02/22/2006
Decision Date:	04/01/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/18/2014

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

Certification(s)/Specialty: Psychologist

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 53 year old female who sustained an industrial injury on February 22, 2006. She has reported neck, low back, and bilateral lower extremity pain and has been diagnosed with lumbar disc with radiculitis, degeneration of lumbar disc, lumbar postlaminectomy syndrome, and reflex sympathetic dystrophy of lower limb. Treatment has included aqua therapy and pain medications. Currently the injured worker complains of generalized pain over the areas of the neck, back, and lower extremities. The treatment plan had included psychological counseling for chronic pain. On October 27, 2014 Utilization Review non certified Psychological counseling 1 x 1 citing the MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychology Counseling 1 times 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19-20.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

Decision rationale: Based on the review of the medical records, the injured worker has been receiving psychological services from [REDACTED] and/or one of [REDACTED] colleagues. Unfortunately, the number of sessions completed to date nor the objective functional improvements from those sessions are not found within the psychological medical records submitted. Without this information, the need for additional psychotherapy cannot be fully determined. As a result, the request is not medically necessary.