

Case Number:	CM14-0207681		
Date Assigned:	12/19/2014	Date of Injury:	08/07/2008
Decision Date:	02/12/2015	UR Denial Date:	12/07/2014
Priority:	Standard	Application Received:	12/11/2014

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 (PHD, PSYD), 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 injured worker is a 52 year-old male (██████████) with a date of injury of 8/7/2008. The injured worker sustained injury to his back when he fell from a chair while working for ██████████. In his report dated 12/3/14, treating physician, Dr. ██████████ diagnosed the injured worker with: (1) Failed back surgery syndrome lumbar secondary to industrial injury; (2) Intractable low back pain secondary to industrial injury; (3) Bilateral lower extremity radiculopathy secondary to industrial injury; (4) Depression secondary to chronic pain sequelae to industrial injury; (5) Insomnia secondary to pain sequelae to industrial injury; (6) Situational stress due to lack of coverage by workers compensation carrier; and (7) Hypogonadism secondary to chronic opiate use sequelae to industrial injury. In his assessment, Dr. ██████████ acknowledged that the injured worker is experiencing psychological symptoms of depression. The request under review is for a psychological evaluation and follow-up treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psych consultation and psychotherapy: Upheld

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

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, behavioral interventions, and psychological evaluations will be used as reference for this case. Based on the review of the medical records, the injured worker has continued to experience chronic pain since his injury in August 2008. It is noted that he also developed psychological symptoms of depression secondary to his chronic pain. It appears that a consultation with a psychiatrist was authorized in September 2014 however, there were no records included for review to confirm that this had been completed. Given the injured worker's continued symptoms, Dr. [REDACTED] recommended a psychological consultation/evaluation and follow-up services. Although there is appropriate documentation to support the need for a psychological evaluation, the request for follow-up psychotherapy is premature. Before follow-up services can be considered, a thorough evaluation needs to be completed that will not only provide specific diagnostic information, but will also offer appropriate treatment recommendations. As a result, the request for "Psych consultation and psychotherapy" is not medically necessary.