

Case Number:	CM14-0065789		
Date Assigned:	06/25/2014	Date of Injury:	08/19/1980
Decision Date:	04/09/2015	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	03/27/2014

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, Texas

Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction Psychiatry

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 68-year-old male, who sustained an industrial injury on August 19, 1980. He has reported injury from a fall. The diagnoses have included low back pain, hypertension, obesity, pain in joint of lower leg and lumbar stenosis. He was treated. He was treated with therapy which helped, then he returned to baseline. He then had a motor vehicle accident, after which he was treated with chiropractic, physical therapy, exercise, faith healing and medication. This helped for around 10 years. A few years ago he began to have symptoms again. On January 26, 2015, the injured worker complained of right leg pain along with some left leg pain. He rated his current pain as 8-9 on a 1-10 pain scale and at best a 3-4/10 on the pain scale. He reported an aching and burning in posterior thighs, lateral thighs, lateral lower legs and arch of foot. Activities aggravated his symptoms. Laying down, reclining his legs and a hot tub helped to reduce the pain. On March 14, 2014, Utilization Review non-certified psych sessions x8, noting the CA MTUS Guidelines. On March 27, 2014, the injured worker submitted an application for Independent Medical Review for review of psych sessions x 8. Records received for review were physical therapy notes from Keegan Fitzgerald, PT from 10/6/14-1/16/15. No mention of psychological/psychiatric symptoms, medications, prior treatments were noted in those progress notes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psych sessions x 8: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23. Decision based on Non-MTUS Citation ODG Cognitive Behavioral Therapy (CBT).

Decision rationale: There are no psychiatric/psychological symptoms reported, no history of medications, prior treatments, QME's, etc in records provided for review. In addition, there is no evidence to support the necessity for psych sessions x8. This request is therefore non-certified.