MAXIMUS Federal Services

Case Number:	CM15-0008499		
Date Assigned:	01/26/2015	Date of Injury:	05/29/2014
Decision Date:	03/17/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/14/2015

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, Arizona, Maryland
Certification(s)/Specialty: 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 20 year old male, who sustained an industrial injury on May 29, 2014, while lifting a cooler engine weighing approximately 100 pounds. He has reported excruciating pain in the lower back radiating down to the lower extremities. The diagnoses have included lumbar degenerative disc disease, major depressive episode, severe, and rule out dissociative disorder. Treatment to date has included physical therapy, occupational therapy, and medications. Currently, the injured worker complains of continued pain in the low back with numbness in the right greater than left leg, and impaired concentration. The Primary Treating Physician's report dated November 6, 2014 ,noted the injured worker's mood significantly improving, seeing a psychiatrist and receiving Cymbalta, Trazadone, and Wellbutrin XL . The Psychiatric progress note, dated December 8, 2014, noted the injured worker had fulfilled the criteria for Major Depressive Episode.On December 17, 2014, Utilization Review modified an evaluation and treatment with a psychologist for six sessions, noting there were no psychological reports on file. The injured worker was noted to warrant a psychological evaluation to ascertain the need for psychological input, therefore, the request was modified to approve consultation only as medically necessary and appropriate. The MTUS Chronic Pain Medical Treatment Guidelines was cited. On January 14, 2015, the injured worker submitted an application for IMR for review of an evaluation and treatment with a psychologist for six sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Evaluation and treatment with a psychologist qty 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100-101. Decision based on Non-MTUS Citation ODG Guidelines Cognitive Behavioral Therapy (CBT) Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100-101 of 127.

Decision rationale: The injured worker underwent an Initial Psychiatric Evaluation on 10/27/2014 and was being subsequently followed by the Psychiatrist. The more recent progress reports dated 11/17/2014 and 12/8/2014, listed the diagnosis of Major Depressive Disorder; severe and Rule out Dissociative Disorder. The medications being prescribed are Cymbalta, Trazadone, and Wellbutrin XL. The injured worker could benefit from a Psychological Evaluation, however the need of the future treatment can be decided according to the treatment recommendations per the Consulting Psychologist. Thus, the request for Evaluation and treatment with a psychologist qty 6 sessions is excessive and not medically necessary. It is to be noted that the Physician performing the Utilization Review authorized the Initial Consult with Psychologist.