

Case Number:	CM15-0108245		
Date Assigned:	06/12/2015	Date of Injury:	01/31/2015
Decision Date:	07/20/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/04/2015

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

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 57 year old male, who sustained an industrial injury on 1/31/2015. He reported pain of the upper/mid back, and bilateral knees. The injured worker was diagnosed as having dizziness, nausea, headache, thoracic sprain/strain, lumbar derangement, lumbar disc protrusion, lumbar radiculitis, lumbar sprain/strain, bilateral knee sprain/strain, neuralgia/neuritis, fatigue, loss of sleep, depression, irritability, hypertension, stress, myofasciitis, myalgia, muscle spasm/weakness, and diabetes. Treatment to date has included medications. The request is for psychological pain consultation and treatment interventions. On 5/4/2015, he complained of upper/mid back pain, low back pain, bilateral knee pain, loss of sleep, and feeling like he will never improve depression and irritability. Physical findings revealed normal cranial nerves, decreased thoracic spine range of motion, decreased lumbar spine range of motion, tenderness to the knees. The treatment plan included: acupuncture, chiropractic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychological pain consultation and treatment interventions x 6-10 visits over 5-6 weeks:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment; Psychological Evaluations; Behavioral Interventions Page(s): 101-102; 100-101; 23.

Decision rationale: Based on the review of the medical records, the injured worker completed an initial psychological evaluation with [REDACTED] on 5/6/15, prior to the RFA dated 5/13/15. In his consultation report, [REDACTED] recommended follow-up psychological treatment and suggested 6-10 initial psychotherapy sessions. The request under review is for a psychological pain consultation (which is for a retrospective service) and 6-10 treatment interventions. Typically, a request for a consultation is made as an initial request. Once a consultation has been completed that offers follow-up recommendations, a request for services follows. When the request includes both, the request for follow-up services is typically premature. In this case, the consultation has already been completed, rendering appropriate treatment recommendations. Unfortunately, the request for an initial 6-10 psychotherapy sessions does not follow the CA MTUS recommendations for initial sessions. The CA MTUS recommends an "initial trial of 3-4 psychotherapy visits over 2 weeks" and "with evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions)" may be necessary. As a result, the request for both a psychological pain consultation and treatment interventions x 6-10 visits over 5-6 weeks is not medically necessary. It is noted that the injured worker received a modified authorization for a psychological consultation only in response to this request.