

Case Number:	CM15-0136166		
Date Assigned:	07/24/2015	Date of Injury:	01/15/2011
Decision Date:	08/21/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	07/14/2015

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, 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 42-year-old male, who sustained a work related injury on 1/15/2011. He was getting down from heavy equipment when he slipped and fell 7 feet, landing on his back. He now suffers from chronic back pain and radiculopathy. He has been treated with PT, which was not effective, epidural injections, and medications. On 05/19/15, he had a physical medicine/pain management initial evaluation. His pain rating was 7/10, with severe neuropathy to his left lower extremity associated with weakness. He was on Seroquel and Percocet. On 6/03/2015, [REDACTED] PhD evaluated him. He presented with moderate to severe depression (greater than anxiety), moderate to severe pain sensitivity, severe insomnia, and mood swings. The patient reported anxiety, depression, anger, intermittent explosive behavior, stress, and sexual and relational difficulties. He denied suicidal/homicidal ideation, and there was no psychotic ideation in any modality. He had difficulty coping with deficits and ADL's. Diagnosis was psychogenic pain NEC, and rule out major depressive disorder, bipolar disorder, exaggeration, and malingering. UR of 06/09/15 noncertified the requests for 6 psychotherapy sessions, certified 6 psychological follow up sessions, and modified 12 psychological tests to six.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 psychotherapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ODG Cognitive Behavioral Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23 of 127.

Decision rationale: Behavioral interventions are recommended as the identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. There is no evidence that the patient has been screened for risk factors for delayed recovery, or that he has been administered the FABQ. However, physical medicine indicated that the patient initially received PT (ineffective), and his reported symptoms are in the moderate to severe range. In this patient's case, a trial of psychotherapy would be warranted. Guidelines recommend initial 3-4 sessions over 2 and with evidence of objective functional additional sessions. This request is not medically necessary.

12 psychological tests: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations.

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

Decision rationale: The tests requested were not specified. UR of 06/09/15 modified the request for 12 psychological tests to six tests. No documentation was provided to show that the patient received any of these tests. This request is not medically necessary.