

Case Number:	CM15-0190600		
Date Assigned:	10/02/2015	Date of Injury:	11/05/2012
Decision Date:	11/18/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/28/2015

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:

This injured worker is a 46 year old female, who sustained an industrial injury on 11-05-2012. The injured worker was diagnosed as having depression. On medical records dated 8-19-2015, 07-15-2015 and 04-08-2015, the subjective complaints were noted as constant pain in lower back that radiates to bilateral lower extremities. Objective findings were noted as having a flat affect. Treatments to date included medication. Current medications were listed as Norco and Dulcolax suppositories. The Utilization Review (UR) was dated 09-04-2015. A Request for Authorization was dated 07-15-2015, for Psychiatric Evaluation and Psychological evaluation was submitted. The UR submitted for this medical review indicated that the request for Psychiatric Evaluation and Psychological evaluation was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatric Evaluation and Psychological evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Psychological treatment.

Decision rationale: California MTUS states that behavioral interventions are recommended. 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. ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain recommends screening for patients with risk factors for delayed recovery, including fear avoidance beliefs. Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone: Initial trial of 3-4 psychotherapy visits over 2 weeks; With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions). ACOEM guidelines page 398 states: "Specialty referral may be necessary when patients have significant psychopathology or serious medical co morbidities." Upon review of the submitted documentation, it is gathered that the injured worker suffers from pain in lower back that radiates to bilateral lower extremities. Per most recent progress report dated 8/19/2015, she has been noted to be experiencing depression, however there is no detailed information regarding the depressive symptoms being experienced by her. It is also noted that there is a past authorization in the chart regarding a psychological evaluation, however results are unavailable. The request for Psychiatric Evaluation and Psychological evaluation is not medically necessary at this time based on the above-mentioned reasons.