MAXIMUS Federal Services

Case Number:	CM15-0210604		
Date Assigned:	10/29/2015	Date of Injury:	08/23/2014
Decision Date:	12/21/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	10/27/2015

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 37 year old female who reported an industrial injury on 8-23-2014. Her diagnoses, and or impressions, were noted to include: sacroiliac joint pain; lumbar strain with right leg radiculopathy; lumbosacral facet joint pain and arthropathy; chronic low back pain; and depression. No imaging studies were noted. Her treatments were noted to include: a comprehensive medical-legal evaluation on 9-29-2015; pain management consultation; medication management with urine toxicology screenings (5-27-15); and modified work duties. The progress notes of 9-29-2015 reported: a re-evaluation of radiating bilateral low back pain, to the right buttock, which was exacerbated by movement and activity; and her request for a medical-legal report to appeal the denial of her medications. The objective findings were noted to include: obesity; no acute distress; a negative psychological examination; tenderness of the lumbar para-spinal muscles overlying the bilateral lumbar-lumbosacral facet joints and right sacroiliac joint, with restricted lumbar range-of-motion; and positive right sacroiliac provocative, Gaenslens's and Patrick's maneuvers. The physician's request for treatments were noted to include 6 sessions with a psychologist to treat industrially-related depression. The Request for Authorization, dated 9-29-2015, was noted to include 6 sessions with a specific psychologist to treat depression. The Utilization Review of 10-15-2015 non-certified the request for 6 psych sessions, for depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psych Sessions for depression # 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological treatment.

Decision rationale: The injured worker suffers from sacroiliac joint pain; lumbar strain with right leg radiculopathy; lumbosacral facet joint pain and arthropathy; chronic low back pain; and depression. Per the most recent progress report dated 9-29-2015, she presented with radiating bilateral low back pain, to the right buttock, which was exacerbated by movement and activity. The objective findings were negative for any psychological signs and symptoms. Thus, the request for Psych Sessions for depression # 6 is excessive and not medically necessary.