

Case Number:	CM15-0036944		
Date Assigned:	03/05/2015	Date of Injury:	07/13/2012
Decision Date:	04/14/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	02/26/2015

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 44 year old male, who sustained a work related injury on 7/13/12. The diagnoses have included depression/anxiety, myofascial sprain/strain of the lumbosacral spine, lumbar radiculopathy and degenerative disc disease of lumbosacral spine. Treatments to date have included lumbar epidural steroid injections with some benefit, medications, EMG/NCV of lower extremities on 8/30/13, MRI lumbar spine on 10/20/14, behavioral pain management therapy and physical therapy without benefit. In the PR-2 dated 1/29/15, the injured worker complains of lower back pain that radiates down left leg. He has tenderness to palpation in the lumbosacral spine. He has pain in any direction of range of motion. The request is for certification of a psychology consult and treat for 6 sessions. On 2/9/15, Utilization Review non-certified a Psychology consult and treat x 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychology consult and treat x 6 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <http://www.odg-twc.com/odgtwc/stress.htm>.

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

Decision rationale: Based on the review of the medical records, the injured worker has continued to experience chronic pain since his work-related injury. It is also noted that the injured worker has symptoms of depression and anxiety and has been diagnosed with such by his treating physician. In her 1/29/2015 progress report, [REDACTED] wrote, "The patient is complaining of anxiety and depression. He states he has difficulty falling asleep and also he has anxiety." She later wrote, "...also request at this point psychological consultation and six sessions of treatment for coping skills and biofeedback relaxation techniques and cognitive pain therapy." The request under review is based on this recommendation and request. Although the injured worker would likely benefit from a psychological evaluation/consultation that will offer more specific diagnostic information and appropriate treatment recommendations, the request for 6 psychotherapy sessions is premature. As a result, the request for a psychology consult and 6 psychotherapy sessions is not medically necessary.