

Case Number:	CM15-0052949		
Date Assigned:	03/26/2015	Date of Injury:	07/25/2014
Decision Date:	05/01/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	03/20/2015

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:

The injured worker is a 43 year old female, who sustained an industrial injury on 07/25/2014. Initial complaints reported included left knee pain and collapse. The initial diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care/therapies, medications, MRI of the lumbar spine, radiographic imaging, CT myelogram, and injections. Currently, the injured worker complains of low back pain with vaginal numbness with radiation of pain into the left lower extremity, right knee pain, blurry vision, electrical shock throughout her body when lying down, low energy and depressed feelings. Diagnoses include muscle spasms of the lower extremities, neuropathy, transitional vertebra, sacroiliac joint pain, radiculopathy, sprain and strain of the lumbosacral joint ligament, dyskinesia, poor balance and spinal headaches. The treatment plan consisted of electrodiagnostic testing, psychological/psychiatric qualified medical evaluation, continued medications, and follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychological Qualified Medical Evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Psychological treatment Page(s): 23, 100-102.

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). The MTUS and ODG guidelines only are able to comment regarding the treatment of the industrial injuries. The request for Psychological Qualified Medical Evaluation which is a medico-legal evaluation to determine if the psychological injury is secondary to the industrial trauma is not medically necessary per the guidelines.