

Case Number:	CM14-0002150		
Date Assigned:	01/29/2014	Date of Injury:	10/18/2011
Decision Date:	06/16/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/07/2014

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. The expert reviewer is licensed in Psychology, and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 52 year old female with a reported injury date on 10/18/2011; the mechanism of injury was not provided. The clinical note dated 01/08/2014 noted that the injured worker had complaints that included 6-7/10 persistent pain to the low back and bilateral knees. It was noted that during examination the injured worker appeared depressed and anxious. It was also noted that the injured worker felt that her current prescription of Hydrocodone 10/325mg did not provide lasting relief. The request for authorization form was not submitted in the available clinical documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

PAIN PSYCHOLOGICAL CONSULT WITH 6-8 FOLLOW-UP VISITS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, Page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BEHAVIORAL INTERVENTIONS Page(s): 23.

Decision rationale: It was noted that the injured worker had complaints that included 6-7/10 persistent pain to the low back and bilateral knees. It was noted that during examination the

injured worker appeared depressed and anxious. It was also noted that the injured worker felt that her current prescription of Hydrocodone 10/325mg didn't provided lasting relief. The California MTUS guidelines states that 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. Cognitive behavior therapy can be considered if there is a lack of progress after 4 weeks of physical medicine starting with an initial trial of 3-4 psychotherapy visits over 2 weeks. With evidence of objective functional improvement from the initial trail a total of 10 visits 6 weeks can be approved. The request exceeds the guideline recommendation for the total of visits during the initial period as there is no indication the injured worker received prior cognitive behavior therapy. It was unclear if the injured worker had significant psychosocial issues which would require intervention. The request for pain psychological consult with 6-8 follow-up visits is not medically necessary and appropriate .