

Case Number:	CM14-0147493		
Date Assigned:	09/15/2014	Date of Injury:	12/24/2003
Decision Date:	10/17/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	09/11/2014

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 Board Certified in Psychology and is licensed to practice in California. 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 claimant is a 61 year-old male (██████████) with a date of injury of 12/24/03. The claimant sustained injury to his back while working for ██████████. The mechanism of injury was not found within the medical records submitted for review. In his "Primary Treating Physician Report Follow-up Consultation" dated 7/14/14, ██████████ diagnosed the claimant with: (1) Neural encroachment right L4-5 and L5-S1 with radiculopathy; and (2) Status post remote lumbar decompression. There is mention of continued pain as well as symptoms of depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychological consult with follow up: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations.

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

Decision rationale: The CA MTUS Guidelines regarding psychological treatment, psychological evaluations, and the use of behavioral interventions in the treatment of chronic

pain will be used as references for this case. Based on the review of the medical records, the claimant has continued to experience chronic pain since his injury in December 2003. He has also experienced symptoms of depression secondary to his pain. The request for a "Psychological consult with follow up" encompasses two separate procedures, a psychological evaluation and follow-up psychotherapy treatment. The request for follow-up treatment is premature without having already completed a psychological evaluation that not only offers more specific diagnostic information, but also provides appropriate treatment recommendations. As a result, the request for "Psychological consult with follow-up" is not medically necessary. It is noted that the claimant received a modified authorization for a psychological consult only in response to this request.