

Case Number:	CM14-0147504		
Date Assigned:	09/15/2014	Date of Injury:	08/09/2011
Decision Date:	10/15/2014	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 60 year-old male [REDACTED] with a date of injury of 8/9/11. The claimant sustained injury to his back while working for [REDACTED]. In the PR-2 report dated 7/25/14, Physician Assistant, [REDACTED], and [REDACTED], diagnosed the claimant with: (1) Lumbar post laminectomy pain syndrome (left footdrop and unstable L4-5 Anterolisthesis/L5-S1 retrolisthesis); (2) Status post lumbar spine laminectomy (progressive dextroscoliosis deformity); (3) Residual lumbar spine stenosis; (4) Chronic pain syndrome (reports of depression/anxiety); (5) Reports sleep disturbance; and (6) Reports urinary incontinence. Additionally, in his PR-2 report dated 6/30/14, [REDACTED] diagnosed the claimant with: (1) Status post lumbar spine L4-L5 and L5-S1 decompression and laminectomy 9/30/11, with residual radiculopathy; (2) Bilateral L5-S1 radiculopathy; (3) Complains of incontinence, likely secondary to lumbar IVD displacement; and (4) Complains of depression, anxiety and sleep - as per appropriate specialists.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychological Evaluation and Treatment: 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, Behavioral interventions Page(s): 101-102, 23.

Decision rationale: The CA MTUS guidelines regarding the use of psychological treatment and 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 August 2011. It is also reported within the notes that the claimant is struggling with symptoms of depression and anxiety secondary to his pain. Within the medical records submitted for review, there is no mention of any prior psychological treatment. However, in the utilization review determination letter dated 8/8/14, Physician Reviewer, [REDACTED], reported that in a QME report dated 10/16/13, it was indicated that "on 1/14/13, the claimant was evaluated by a psychologist and was diagnosed with adjustment disorder with mixed anxiety, and depression, insomnia type sleep disorder, and male hypoactive sexual desire disorder, and psychological factors affecting medical condition. The claimant was assigned to [REDACTED] [REDACTED] for 10 sessions of psychotherapy." Given this information, it appears that the claimant may have completed prior psychological services for which the records were not included for review. Despite this possibility, the claimant remains symptomatic per recent physician reports and appears to be in need of psychological services. Unfortunately, the request for a psychological evaluation and subsequent treatment encompasses two separate procedures and is too vague as it does not specify the treatment being requested. As a result, the request for a "Psychological Evaluation and Treatment" is not medically necessary.