

Case Number:	CM14-0157724		
Date Assigned:	10/01/2014	Date of Injury:	04/06/2006
Decision Date:	10/30/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/25/2014

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 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 49 year-old male (DOB 9/7/65) with a date of injury of 4/6/06. The claimant sustained injury to his back when he slipped while carrying several cast iron pipes on his shoulder. Although the claimant did not fall, the slip caused the claimant's back to jerk, bringing on immediate pain. The claimant sustained this injury while working as a plumber for [REDACTED]. In his PR-2 report dated 7/7/14, [REDACTED] diagnosed the claimant with: (1) Chronic low back pain with multiple levels of disc disorders; and (2) Left lumbar radiculopathy. It is also reported that the claimant experiences psychiatric symptoms secondary to his work-related orthopedic injury. In his 8/14/14 PR-2 report, [REDACTED] diagnosed the claimant with: (1) Major depressive disorder, recurrent, severe; and (2) Pain disorder associated with both psychological factors and a general medical condition. The Pt has been receiving both psychological and psychiatric services to treat his psychiatric symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to PHD: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Cognitive Behavioral Therapy (CBT)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Psychological evaluations Page(s): 100-101.

Decision rationale: The CA MTUS guideline regarding the use of psychological evaluations will be used as reference for this case. Based on the review of the medical records, the claimant has been receiving intermittent treatment with [REDACTED] since [REDACTED] evaluation in December 2011. He has also been treated with psychotropic medications from psychiatrist, [REDACTED] since February 2012. In their PR-2 report dated 6/11/14, [REDACTED] and [REDACTED] indicate that the claimant was discharged as he had "completed his authorized future medical treatment." Given the fact that the claimant had been receiving psychological services up until June 2014, a referral to a psychologist is not appropriate. As a result, the request for a "Referral to PHD" is not medically necessary.