

Case Number:	CM14-0172101		
Date Assigned:	10/23/2014	Date of Injury:	11/25/2002
Decision Date:	11/25/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/17/2014

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 56 year-old female with a date of injury of 11/25/02. The claimant sustained injury to her back when she pulled a box of mail from her car while working for [REDACTED]. In addition to her work-related orthopedic injury, the claimant developed secondary psychiatric symptoms. In the "Encounters and Procedures" note dated 9/22/14, the claimant was diagnosed by [REDACTED], and [REDACTED], with depressive disorder, NOS. In the treatment note dated 8/26/14, the claimant had previously been diagnosed with: (1) Other pain disorders related to psychological factors; and (2) Anxiety state, unspecified. The claimant has been receiving psychotherapy services to treat her psychiatric symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Psychology: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter

Decision rationale: The CA MTUS does not address the treatment of depression, therefore; the Official Disability Guideline regarding the cognitive treatment of depression will be used as reference for this case. Based on the review of the minimal medical records, the claimant has been receiving psychotherapy services with [REDACTED]. The "Encounters and Procedures" note dated 9/22/14, indicated that the claimant had completed 6 of 6 psych sessions and were recommending an additional 6 sessions. The request under review is in regard to the additional recommended sessions however, the request for "Pain psychology" remains too vague as it does not indicate how many sessions are being requested or the frequency of the sessions. As a result, the request for "Pain Psychology" is not medically necessary.