

Case Number:	CM15-0018274		
Date Assigned:	02/06/2015	Date of Injury:	08/07/2012
Decision Date:	03/25/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/30/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Psychologist

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 45 year old female patient, who sustained an industrial injury on 02/07/2012. A follow up visit at the functional restoration program, dated 11/07/2014 reported treatment goals to include; get back my self-esteem, feel better around family, think more positively, feel more love and to feel cared for. A subjective progress assessment stated doing more exercise; making more relationships with program peers and doing more in my home. Objective assessment stated the patient having demonstrated good motivation this week. She demonstrates a limited ability to participate in individualized treatment plan including daily exercise and functional activities. The following visit dated 12/23/2014 reported the patient has probably reached permanent and stationary status. A request was made for 6 initial pain psychology sessions and on 12/30/2014 Utilization Review non-certified, with modification offering 4 sessions, noting the CA MTUS Chronic Pain, Behavioral Intervention and ODG Cognitive Behavioral Therapy were cited. The injured worker submitted an application for independent medical review of requested services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain psychology x 6: Upheld

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

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

Decision rationale: Based on the review of the medical records, the injured worker completed a functional restoration program. The request under review is for continuity of care following her discharge from the program. The CA MTUS recommends an "initial trial of 3-4 visits over 2 weeks." Given this guideline, the request for 6 pain psychology sessions exceeds the recommendation of initial sessions. As a result, the request for 6 sessions is not medically necessary. It is noted that the injured worker received a modified authorization for 4 pain psychology sessions in response to this request.