

Case Number:	CM15-0019078		
Date Assigned:	02/06/2015	Date of Injury:	08/03/2012
Decision Date:	03/25/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	02/02/2015

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 male, who sustained an industrial injury on 8/03/2012 when he was getting off of pallet racks and fell and fractured his right leg and sprained his back. He underwent open reduction internal fixation (ORIF) of the right proximal tibia on 8/04/2012 with reduction of the lateral tibial plateau fracture. The diagnoses have included bilateral hip sprain/strain, right knee status post ORIF, sprain lumbar region and right ankle sprain/strain. Treatment to date has included medications, creams and chiropractic. EMG (electromyography)/NCV (nerve conduction studies) of the lower extremities dated 1/28/2013 were read as a normal EMG and NCV showed right peroneal neuropathy. Currently, the IW complains of lumbosacral pain rated as 4/10, bilateral hip pain rated as 4/10, right foot and ankle pain rated as 7/10 and right knee pain rated as 7/10. Activities of daily living are increased by the use of meds, creams and chiropractic. An objective finding included utilizes SEC for ambulation, increased range of motion of the lumbar spine and Kemp's test is positive. On 1/07/2015, Utilization Review non-certified a request for group psychotherapy and psych testing noting that the clinical information submitted for review fails to meet the evidence based guidelines for the requested service. The MTUS was cited. On 2/02/2015, the injured worker submitted an application for IMR for review of group psychotherapy and psych testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Group Psychotherapy and psych testing: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions; Psychological Evaluations Page(s): 23; 100-101.

Decision rationale: In his 11/25/14 report, [REDACTED] checked off a referral to psych however, there is no information regarding the rationale for the referral. In prior reports, the injured worker received a diagnosis of stress, anxiety and depression without any further information about symptoms, impairments, etc. Due to insufficient information, the need for any psychological services cannot be determined. As a result, the request for group psychotherapy and psych testing is not medically necessary.