

Case Number:	CM15-0120598		
Date Assigned:	07/01/2015	Date of Injury:	03/12/2014
Decision Date:	08/04/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/22/2015

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 49-year-old male, who sustained an industrial injury on 3/12/14. He reported pain in his abdomen, groin and bilateral thighs after a heavy object fell on him. The injured worker was diagnosed as having right lower end femur fracture, left lower end femur fracture, lumbar sprain, sciatica, abdominal pain, psychogenic pain and bilateral lower leg joint pain. Treatment to date has included physical therapy, Ibuprofen, Buprenorphine, several surgeries and a lumbar MRI showing moderate foraminal stenosis. At the initial psychological and behavioral evaluation on 4/23/15, the psychological testing showed significant symptoms of anxiety, depression and poor coping. As of the PR2 dated 4/27/15, the injured worker reports severe back pain and right leg pain. Objective findings include antalgic gait, tenderness over the knees and painful range of motion. The treating physician requested a psychologist consultation and 12 follow-up visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychologist Consultation, 12 follow up visits: Overturned

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

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; Cognitive therapy for depression.

Decision rationale: Based on the review of the medical records, the injured worker completed an initial psychological evaluation with Dr. [REDACTED] on 4/23/15. In the report, Dr. [REDACTED] recommended 12 follow-up psychotherapy sessions for which the request under review is based. In the treatment of depression, the ODG recommends "up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made." Given this guideline, the request for an initial 12 sessions appears reasonable. Therefore, the request is medically necessary. It is noted that the injured worker received a modified authorization for an initial 4 sessions in response to this request.