

Case Number:	CM15-0079693		
Date Assigned:	04/30/2015	Date of Injury:	11/11/2011
Decision Date:	06/08/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	04/27/2015

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 44 year old male with an industrial injury dated 11/11/2011. The injured worker's diagnoses include lumbago, lumbar disc disorder, enthesopathy of hip and chronic pain syndrome. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 3/30/2015, the injured worker reported that his mood was sad, anxious and irritable/angry. The treating physician noted that the injured worker presented with signs and symptoms of depression and that pain level remained unchanged since last visit. Objective findings revealed that the injured worker appeared to be anxious, calm and depressed. The treating physician prescribed services for psychological treatment now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychological treatment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS/ACOEM Guidelines, 2nd edition (2004), Chapter 7, Independent medical examinations and consultations Page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter Cognitive Behavioral Therapy.

Decision rationale: Based on the review of the medical records, the injured worker has continued to experience chronic pain as a result of his work-related injury. He has also been experiencing symptoms of depression secondary to his chronic pain. As a result, it was recommended by his physician that the injured worker receive a psychological evaluation with follow-up psychological treatment. The psychological evaluation was authorized however, the follow-up psychological treatment was denied. In this case, without having had a thorough psychological evaluation already completed, which not only will offer specific diagnostic information but relevant and appropriate treatment recommendations, the request for "psychological treatment" is premature. Additionally, if there had been an evaluation already completed, the request remains too vague as it does not indicate the number of sessions being requested nor the duration for which the sessions are to occur. Based on this information, the request for "psychological treatment" is not medically necessary.