

Case Number:	CM15-0096174		
Date Assigned:	05/26/2015	Date of Injury:	05/13/2002
Decision Date:	07/07/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/19/2015

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 53-year-old female, who sustained an industrial injury on May 13, 2002. She reported bilateral knee and back injuries. The injured worker was diagnosed as having chronic pain syndrome to the back, knees, and shoulder; lumbosacral radiculopathy, failed lumbar back syndrome, unspecified neuralgia neuritis and radiculitis, unspecified internal derangement of the knee, other specified disorder rotator cuff syndrome shoulder and allied disorder. She has a history of depression. Diagnostic studies to date have included MRIs, a CT, a diskogram, and x-rays. Treatment to date has included psychiatric therapy, splinting, crutches, walking cast, physical therapy, nerve blocks, and medications including antidepressant, oral pain, topical pain, muscle relaxant, and hypnotic. On April 2, 2015, the injured worker complains of increased pain of the back, knees, and legs/feet, which is numb and radiating. The physical exam revealed a normal mood and affect, pain with lumbar flexion and extension, normal motor strength, moderate decreased lumbar range of motion, and significant pain in the bilateral acromioclavicular areas. The requested treatment is twelve sessions of outpatient psychological therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient individual psychological therapy twelve (12) sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment; Behavioral Interventions Page(s): 101-102; 23.

Decision rationale: Based on the review of the medical records, the injured worker continues to experience chronic pain as a result of her work-related orthopedic injury in May 2002. In his PR- 2 report dated May 11, 2015, treating physician, [REDACTED], recommended a psychological evaluation as well as 12 bio-behavioral therapy sessions. The request under review is based on the latter. Unfortunately, there has been no psychological evaluation completed prior to the request. Without a thorough evaluation, that not only offers specific diagnostic information, but also appropriate treatment recommendations, the request for treatment is premature. As a result, the request for outpatient individual psychological therapy twelve (12) sessions is not medically necessary.