

Case Number:	CM13-0001843		
Date Assigned:	09/13/2013	Date of Injury:	09/01/2009
Decision Date:	01/28/2014	UR Denial Date:	07/10/2013
Priority:	Standard	Application Received:	07/17/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Psychology, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 43 year-old female, with a date of injury of 9/1/09. According to medical records, the claimant sustained injuries to her neck, shoulders, and back when she tripped and fell while working at [REDACTED]. It was listed on the independent medical review dated July, 2013, that the claimant's diagnosis is "pain in soft tissues of limb". Subsequently, on 10/2/13, the patient and the physician noted the following "patient active problems": (1) cervical radiculitis - left C6 chronic radiculitis; (2) spondyloolosthesis of lumbosacral region L5-S1; (3) cercical spondylosis; (4) lumbar radiculitis-S1-ight; (5) lumbar strain; (6) cervical sprain; (7) impingement syndrome of both shoulders; (8) histroy of ankle sprain - right resolved; (9) CTS (carpal tunnel syndrome) - moderate bilateral; (10) myalgia; (11) tenosynovitis of wist-right; and (12) De Quervain's disease (radial styloid tenosynovitis). Although there is mention of depression within the medical records, there is no documentation of a diagnosis of depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychology evaluation: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Psychological Evaluation Page(s): 100-101.

Decision rationale: The CA MTUS recommends psychological evaluations. The guidelines state that "psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. The interpretations of the evaluation should provide clinicians with a better understanding of the patient in their social environment, thus allowing for more effective rehabilitation." The medical reports demonstrate the need for a psychological evaluation, therefore, the request for a "psychology evaluation" is medically necessary. Since the independent medical review (IMR) request dated July 2013, it does appear that the claimant has subsequently received a psychological evaluation and has begun psychotherapy services.

6 Psychotherapy sessions. Rx date 7/3/13: Upheld

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

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

Decision rationale: Based on the medical records prior to the independent medical review (IMR) dated July 2013, the claimant had yet to receive a psychological evaluation. The CA MTUS guidelines recommend that a psychological evaluation be conducted in order to determine the need for continued services. The guidelines states, "psychosocial evaluations should determine if further psychosocial interventions are indicated. The interpretations of the evaluation should provide clinicians with a better understanding of the patient in their social environment, thus allowing for more effective rehabilitation." Without having had an evaluation, the request for sessions is premature. It is noted that the claimant has subsequently received an evaluation and begun psychotherapy services. However, there were no psychiatric medical records provided for review. As a result, the request is not medically necessary.