

Case Number:	CM13-0013218		
Date Assigned:	12/27/2013	Date of Injury:	07/11/2002
Decision Date:	03/11/2014	UR Denial Date:	07/25/2013
Priority:	Standard	Application Received:	08/16/2013

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 Psychiatry 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:

This patient was injured on 7-11-02. The patient struck her knee while turning at work and suffered knee and back pain afterwards. The patient has complained of worsening depression, anxiety, digestive difficulties, diabetes and hypertension as a result of the injury. The patient has been diagnosed with Irritable Bowel Syndrome and Gastro esophageal Reflux Disease. The issue at hand is the medical necessity of a psychological evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

psychological evaluation: Overturned

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines, Psychological evaluations support that the request for a psychological evaluation is medically necessary. This patient has had significant physical and psychological symptoms. In her case, they appear to be intricately intertwined. A psychological evaluation would clarify her needs and serve to coordinate needed mental health services.

