MAXIMUS Federal Services

Case Number:	CM13-0020585		
Date Assigned:	11/01/2013	Date of Injury:	12/15/2010
Decision Date:	03/10/2014	UR Denial Date:	08/09/2013
Priority:	Standard	Application Received:	09/05/2013

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. The expert reviewer is licensed 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 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/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 60 year-old male with a date of injury of December 15, 2010. The claimant sustained an injury to his back and ankle when he was maneuvering a pallet into the store and severely twisted his right ankle and his lower back while working as an assistant manager for [redacted]. In the September 23, 2013 progress report, [redacted] diagnosed the claimant with lumbago and status post decompression L3-5, date of surgery of November 15, 2012. The claimant has been treated via medications, physical therapy, and surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

pain psychology evaluation: Upheld

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

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

Decision rationale: The claimant has not received any psychological services since his injury in 2010. In the most recent progress report dated September 23, 2013, [redacted] indicates that the claimant is "still quite depressed secondary to his pain". Despite this statement and the previous requests for a pain psychologist evaluation, there is no other documentation indicating

the need for such a service. Nowhere in the medical records are there any symptoms indicating that the claimant is depressed or that his pain conditions are interfering with his ability to function. Without any objective or even subjective reports, there is no evidence to substantiate the need for a pain psychologist evaluation. As a result, the request for a pain psychologist evaluation is not medically necessary.