

Case Number:	CM13-0024159		
Date Assigned:	11/20/2013	Date of Injury:	05/11/2011
Decision Date:	01/09/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/16/2013

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 Psychiatrist, has a subspecialty in Child and Adolescent Psychiatrist 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.

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 patient is a 24-year-old female who reported an injury on 05/01/2011 with mechanism of injury being the patient was lifting a glass patio table out of a box. The patient was noted to have a microdiscectomy and had burning pain radiating central back pain to the anterior and posterior pelvic area. The patient's diagnoses were noted to include thoracic or lumbosacral neuritis or radiculitis unspecified, lumbago, and sciatica. The request was made for one (1) outpatient psychological evaluation for an unspecified body part.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) outpatient psychological evaluation for an unspecified body part: 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 Evaluations Page(s): 100.

Decision rationale: CA MTUS Guidelines recommend psychological evaluations to distinguish between conditions that are pre-existing or aggravated by the current work-related injury. Psychological evaluations are used to determine if further psychosocial interventions are indicated. The clinical documentation dated 08/20/2013 revealed the patient was to take Lyrica 100 mg, and discontinue Cymbalta 60 mg. The patient was noted to have a condition that was

gradually improving with improvement of leg symptoms. It was noted the patient had improvement in the leg symptoms that should resolve as the patient had primarily discogenic and neuropathic pain. The clinical documentation submitted for review failed to provide documentation of signs and symptoms indicating the need for a psychological evaluation. The request was noted to have been made on a prior examination dated 08/07/2013 and was noted to be the patient should have a psychological assessment for mental health related to chronic pain. Given the patient's progress made and the documentation of same, as well as a lack of documentation indicating symptomatology to support the need for a psychological evaluation, the decision for one (1) outpatient psychological evaluation for an unspecified body part is not medically necessary.