MAXIMUS Federal Services

Case Number:	CM13-0028396		
Date Assigned:	11/27/2013	Date of Injury:	08/18/2010
Decision Date:	02/10/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	09/24/2013

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 licensed in Psychology 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 61 year-old male ([redacted]) with a date of injury of 8/18/10. According to medical reports, the claimant injured himself on several occasions while working in the sheeting department for [redacted]. According to the 10/3/13 report from [redacted] and [redacted], the claimant is diagnosed with the following medical conditions: (1) cervical stenosis; (2) DDD of cervical spine radiculopathy; (3) lumbar radiculopathy; (4) multiple HNPs of lumbar spine; (5) right elbow epicondylitis; and (6) right shoulder arthralgia and impingement bursitis. He has been treated using medications, chiropractic, epidurals, and physical therapy. In his report dated 9/18/13, [redacted] assessed the claimant's reported insomnia symptoms and diagnosed the claimant with: (1) hypertension; (2) anxiety; (3) GERD; (4) myalgia and myositis; (5) medication induced gastritis; (6) abdominal pain (epigastric); (7) DM2; (8) insomnia; and (9) fatigue.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain psychology consultation: Overturned

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.

Decision rationale: Based on the review of the medical records, the claimant would benefit from a pain psychology consult, which it does not appear he has received in the past. It is noted that an Initial Comprehensive Psychological Report was completed on 1/3/12, which suggested that the claimant receive" individual psychotherapy for 8-12 weeks to deal with his psychological distress." The treating physician diagnosed the claimant with an adjustment disorder. It does not appear that the claimant received any follow-up services after evaluation. Later in the year, a Panel Qualified Medical Examination in Psychology was completed on 12/12/12. The physician diagnosed the claimant with: Depressive Disorder NOS with anxiety. It was stated in the report that "while the claimant reported the onset of changes in mood and psychological functioning due to pain, he denied undergoing a psychiatric evaluation or psychotherapy. Numerous requests were made for a pain psychology evaluation." At that time, the physician recommended that the claimant be "referred for eighteen to twenty-four sessions of individual psychotherapy with a licensed psychotherapist familiar with mood disorders secondary to chronic pain." It is unclear as to whether the claimant ever received those psychotherapy services as there are no records offered for review to indicate that they were ever completed. It is assumed that they were not since the claimant's primary treating physician continuously requested a consult. According to the CA MTUS, psychological evaluations are recommended in order to assess for further services and provide recommendations. The medical records provide sufficient information indicating that the claimant would benefit from a pain psychology consult and that this request is reasonable. As a result, the request for a "pain psychology consult" is medically necessary.