

Case Number:	CM13-0032119		
Date Assigned:	12/04/2013	Date of Injury:	09/02/1999
Decision Date:	03/04/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	10/07/2013

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 physician reviewer is licensed 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 58 year-old female with a date of injury of 9/2/99. According to medical reports, the claimant sustained cumulative trauma to her shoulders, neck, and head while working as a coordinator/executive secretary at [REDACTED]. The most recent medical record with a diagnosis offered for review is dated 3/1/12 and completed by [REDACTED]. In his "Complex Panel Qualified Medical Evaluation and Review of Medical Records, [REDACTED] diagnosed the claimant with: (1) Bilateral upper extremity CRPS Type I; (2) Cervical myoligamentous injury secondary to #1; (3) Spread of CRPS Type I to the lower extremities; and (4) Reactionary depression/anxiety secondary to #1. Because this report is over 2 years old, it is unclear whether this diagnosis remains relevant.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) Sessions of Psychiatric Consultation with a Pain Psychologist: 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.

Decision rationale: The medical records offered for review are over 2 years old. As a result, the information provided does not adequately present the claimant's current functioning. With that being noted, based on the review of the medical records provided, it appears that the claimant has received several psychological services since her injury in 1999. It appears that the claimant has intermittently been under the care of psychologist, [REDACTED], however, there were no psychological records offered for review. As a result, it is unclear as to whether the claimant has received any psychological services in 2013. Additionally, there is no current indication within the records offered for review as to the need for the claimant to seek consultation with a psychologist for pain management. As a result, the request for "six sessions of psychiatric consultation with a pain psychologist" is not medically necessary.