

Case Number:	CM13-0036879		
Date Assigned:	12/13/2013	Date of Injury:	08/30/2012
Decision Date:	02/28/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/21/2013

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 Board Certified in Clinical Psychology, has a subspecialty in Health Psychology/Pain Management 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 is a 28 year old reported an injury on 8/30/2012 in a slip and fall accident while sandblasting at work at [REDACTED]; past treatment has included medication at least 16 sessions of physical therapy, MRI, and ongoing medical care. He reports being afraid to do his physical therapy exercises at home being too fearful "paranoid" of making the injury worse or reinjuring himself in the process. He reports continued pain and numbness around the right elbow on to which he fell. There are also reports of lower back pain with shooting pain radiating to the right lower leg. He reports trouble sleeping and decreased activities. A request for a Psychological pain evaluation was made and non-certified stating no documentation of trail and failure of antianxiety medication and that only the most recent medical note stated any symptoms of anxiety.

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] Pain Psychology Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 398.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 398, Chronic Pain Treatment Guidelines Pain Interventions and Treatments, Behavioral Interventions: Cognitive Behavioral interventions.

Decision rationale: Page 398 states that specialty referral may be necessary with patients have significant psychopathology or serious medical comorbidities." After a careful and comprehensive review of all of the medical reports provided all indications are that this patient has not been reporting significant psychopathology to warrant the use of a comprehensive psychological report. The majority of mentions of his overall psychological status is that he is mentally within normal limits and only the understandable concern about his ability to turn to a normal pain free life and fear of making his injury worse with exercise is troubling him. A full comprehensive battery of psychological tests is not indicted in this case as medically necessary. Mention of the need for CPT was made several times and while this also might be beneficial, it too does not require a full psychological report in order to proceed, as noted on page 23 patients should be screened for risk factors for delayed recovery, including fear avoidance beliefs using the Fear-avoidance beliefs questionnaire (FABQ) and that possibly an initial trial of 3-4 psychotherapy visits over 2 weeks can be considered if there is a lack of progress from physical medicine alone.