

Case Number:	CM13-0038021		
Date Assigned:	12/18/2013	Date of Injury:	06/03/2002
Decision Date:	01/23/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/24/2013

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 expert reviewer has a license 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 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 an 81 year-old female (██████████) with a date of injury of 6/3/02. According to medical records, the claimant sustained a work related injury in which she injured her neck, right shoulder, wrists, upper back, and lower back when she slipped and fell while working as a housekeeper/caregiver for ██████████. The claimant has been treated for her pain and medical injuries with medication, surgeries, and physical therapy. Additionally, the claimant has developed psychiatric symptoms as a result of her work-related injury. In her QME report dated 9/9/13, ██████████ diagnosed the claimant with depressive disorder NOS and pain disorder associated with both psychological factors and a general medical condition. The claimant has not received any psychological services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consult with Psychologist: 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 Page(s): s 100-101.

Decision rationale: The CA MTUS states, "Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. The interpretations of the evaluation should provide clinicians with a better understanding of the patient in their social environment, thus allowing for more effective rehabilitation." Given that the claimant is experiencing psychiatric symptoms related to her work-related injury, it appears that a psychological evaluation would be beneficial. Given that the CA MTUS supports the use of a psychological evaluation, the request for a "Consult with Psychologist" is medically necessary.