

Case Number:	CM13-0044248		
Date Assigned:	12/27/2013	Date of Injury:	07/16/2001
Decision Date:	04/23/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/31/2013

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 expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

This is a 65 year-old male with a 7/16/2001 industrial injury claim. Diagnosis include carpal tunnel syndrome; ulnar nerve lesion; and brachial neuritis. According to the 9/18/13 orthopedic report form [REDACTED], he presents with pain cubital tunnel both arms, shoulders, hands, wrist, loss of hearing in left ear, anxiety, migraines, stress, depression. Nothing helps, he wants to see a psychologist. On exam he was in mild distress, had tenderness in both elbows, and lumbar spine, weak grip, limited motion in wrists, and positive SLR. [REDACTED] recommended psych consult and treatment. On 10/1/13, UR modified the request to allow the psych consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 psychologist consultation and treatment: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations Page(s): 100-101.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines recommends both psychological evaluations and treatment. According to the MTUS section on psychological

treatment, part of the treatment/intervention involves determining the appropriateness of treatment, and setting goals. The request as written by [REDACTED] for a psychological consultation and treatment (which involves interpreting tests, setting goals, identifying treatment , and reporting a treatment plan) is in accordance with MTUS guidelines. The request for 1 psychologist consultation and treatment is medically necessary and appropriate.