MAXIMUS Federal Services

Case Number:	CM13-0051199		
Date Assigned:	12/27/2013	Date of Injury:	09/12/2012
Decision Date:	04/23/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/29/2013

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 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 a 37 year-old female ([redacted]) with a date of injury of 9/12/12. According to medical reports, the claimant sustined injury to her back when she was lifting a heavy block of cheese weighing approximately 50 lbs. while working as a customer service representative for [redacted]. In his PR-2 report dated 7/11/13, [redacted] diagnosed the claimant with thoracic or lumbosacral neuritis or radiculitis, unspecified, systemic lupus erythematosis, lumbar facet joint hypertrophy, displacement of lumbar intervertebral disc without myelopathy L4-L5 and L5-S1; and spinal stenosis of unspecified region. She has been treated via medications, TENS unit, lumbar support, physical therapy, chiropractic, and accupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCHOLOGICAL CONSULTATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM OCCUPATIONAL MEDICINE PRACTICE GUIDELINES, , 127

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

Decision rationale: The California MTUS guideline regarding the use of psychological evaluations in the treatment of chronic pain will be used as reference in this case. Based on the review of the medical records, the claimant has been struggling with multiple back issues and chronic pain since her work-related injury. According to [redacted] P-2 report dated 7/11/13, a lumbar facet joint block in addition to follow-up treatments were recommended. With this recommendation was also a recommendation that the "...patient undergo a psychological evaluation to determine if the patient is sufficiently stable and secure emotionally to undergo this procedure." This is the most recent PR-2 report with medical informationfrom [redacted] included in the documentation to review. Although the psychological evaluation was recommended, there is no other rationale used or information to support the request. At this time, the request for a "psychological consulation" does not appear to be medically necessary.