

Case Number:	CM13-0051888		
Date Assigned:	12/27/2013	Date of Injury:	01/01/2008
Decision Date:	10/23/2014	UR Denial Date:	10/02/2013
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 Physical Medicine and Rehabilitation, has a subspecialty in 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 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 patient with a date of injury of June 25, 2010. Noncertification is recommended since there is no evidence that the patient has any psychological issues. A note dated September 3, 2013 indicates that the patient underwent a lumbar epidural steroid injection. A progress report dated June 26, 2013 includes subjective complaints with boxes checked indicating neck pain, upper back pain, lower back pain, and left shoulder pain. Objective findings have items circled indicating tenderness around the neck, mid back, lower back, and left shoulder with restricted range of motion. Diagnoses include cervical spine sprain/strain with radiculitis, cervical discogenic disease, thoracic sprain/strain, lumbar sprain/strain, lumbar discogenic disease, and lumbar shoulder impingement syndrome. The treatment plan recommends physical therapy, pain management specialist consultation, and (illegible). A progress report dated September 18, 2013 recommends a consultation with (illegible) lumbar epidural.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychological Evaluation: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain, Behavioral Interventions.

Decision rationale: Regarding the request for psychological consultation, Chronic Pain Medical Treatment Guidelines state that psychological evaluations are recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected using pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are pre-existing, aggravated by the current injury, or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. ODG states the behavioral interventions are recommended. Guidelines go on to state that an initial trial of 3 to 4 psychotherapy visits over 2 weeks may be indicated. Within the documentation available for review, there are no subjective complaints of psychological issues, no mental status exam, and no indication of what is intended to be addressed with the currently requested psychological consultation. In the absence of clarity regarding those issues, the currently requested psychological evaluation is not medically necessary.