

Case Number:	CM13-0059629		
Date Assigned:	12/30/2013	Date of Injury:	09/07/2012
Decision Date:	04/25/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	12/02/2013

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 Licensed 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 35 year-old female [REDACTED] with a date of injury of 9/7/12. The claimant sustained injuries to her neck and back while moving containers of boxes up steps while working as an administrative specialist at [REDACTED]. In his "Report of Special Orthopaedic Examination and Consultation and Request for Authorization" dated 10/31/13, [REDACTED] diagnosed the claimant with" (1) Cervical strain. Rule out herniated nucleus pulposus; (2) Lumbosacral strain with lumbar disc herniation, L4-5, and spondylolysis; and (3) Left greater trochanteric bursitis. It is also noted within [REDACTED] report that the claimant reports feeling depressed because of her pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCH CONSULT: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23..

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

Decision rationale: Based on the review of the medical records, the claimant has been struggling with chronic pain in her back since her injury. Additionally, the claimant reports

feeling depressed. In his "Report of Special Orthopaedic Examination and Consultation and Request for Authorization" dated 10/31/13, [REDACTED] writes, "She states that since that time she has developed headaches and vertigo, and states that she now feels depressed." He also quoted the claimant in the report and indicated that she said, "I feel depressed because of the pain." In the "Treatment Plan" section of his PR-2 reports dated 10/31/13 and 11/26/13, [REDACTED] wrote, "consult w/psych for depression". The CA MTUS indicates that psychological evaluations are "Recommended. 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 [REDACTED] is an orthopedic physician, he is not as familiar with psychiatric diagnoses and instead, is deferring to a psychologist. Based on the above cited guideline and the reports, albeit brief, that the claimant is feeling depressed, the request for a "Psych Consult" is appropriate and medically necessary.