

Case Number:	CM13-0059817		
Date Assigned:	12/30/2013	Date of Injury:	06/21/2004
Decision Date:	03/18/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	12/02/2013

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 physician reviewer is Board Certified in Clinical Psychology, has a subspecialty in Health Psychology and 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 physician 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 patient is a probation officer who sustained multiple injuries at work while breaking up a fight between another staff member and a minor on 6/21/04. Her right thumb bent backwards and two males fell on her of heavy weight. She has neck pain, and shoulder pain, right elbow both wrists and numbness and hands. She has been diagnosed with complex regional pain syndrome. Based on the medical records provided there was no indication of any psychological treatments to date but they might not have been included. Request for psychosocial evaluation with treatment recommendations was non-certified with a modification suggestion of a stand-alone psychosocial assessment without the treatment recommendations was provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychosocial evaluation with treatment recommendations if and clinically indicated:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7: Independent Medical Examinations and Consultations regarding Referrals

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation the ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7: Referral to other specialist

Decision rationale: The request for psychosocial evaluation with treatment recommendations if and clinically indicated was non-certified. The rationale was the assessment should be completed first and the treatment recommendations following from this assessment and determined by the treatment provider after the assessment is completed and based on the findings and results contained in it done so in a concurrent manner rather than simultaneously. The original request's non-certification is upheld and the suggested modification of a stand-alone assessment is valid.