

Case Number:	CM13-0061276		
Date Assigned:	12/30/2013	Date of Injury:	07/18/2011
Decision Date:	03/19/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	12/04/2013

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:

According to the medical records received for this IMR, this patient is a 55 year old male who reported an injury on July 18, 2011 to his right elbow during the course of his work duties as a carpenter for [REDACTED] that was described as due to repetitive use. This patient has worked as a carpenter since 1987 for [REDACTED]. He has decreased social activities as an indirect effect of the pain and depression. He reports pain in both arms and hands upper back and neck. The pain radiates from the neck to both arms with intermittent numbness and tingling from the elbow to the fingers with the hand pain giving him a feeling that they are locking up. He has continued to work light duty. He reports constant depression, intermittent anxiety and difficulty with sleeping. His psychological diagnosis is depressive disorder, NOS with anxiety, mild to moderate. This IMR will review an appeal for the non-certification of an authorization for "a consultation with a psychologist."

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with psychologist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations,Cognitive Behavioral Therapy Section Page(s): 100-10 ,23.

Decision rationale: A complete review of the medical records shows that this patient was more than adequately assessed already on May 10, 2013 that resulted in a detailed comprehensive 30+ page psychological report. This report clearly shows a depressed worker. It also seems that he has not yet started any psychological therapy as recommend in the original psychological report. The non-certification of this request is upheld as a medically unnecessary duplication of a service already adequately provide.