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| Case Number: | CM13-0063202 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 08/09/2006 |
| Decision Date: | 03/26/2014 | UR Denial Date: | 11/15/2013 |
| Priority: | Standard | Application Received: | 12/09/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a 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 60 year-old female (██████████) with a date of injury of 8/9/06. The claimant has been treated with medications, surgery, a spinal cord stimulator. In the "Follow-up Pain Management Consultation and Review of Medical Records" report dated 12/19/13, ██████████ diagnosed the claimant with: (1) C5-6 and C6-7 anterior cervical discectomy and fusion, March 2009, ██████████; (2) Bilateral upper extremity radiculopathy; (3) L5-S1 posterior lumbar interbody fusion, November 2009, ██████████; (4) Bilateral lower extremity radiculopathy left greater than right; (5) Lumbar spinal cord stimulator implant, March 31, 2011; and (6) Medication induced gastritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatric-psychology consultation: Upheld

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

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

Decision rationale: The CA MTUS guideline regarding the use of psychological evaluation in the treatment of chronic pain will be used as reference in this case. According to ██████████'

11/1/13 PR-2 report, the claimant "is now in the chronic pain phase" and requested a psychiatric/psychology consult. However, in [REDACTED] "Follow-up Pain Management Consultation and Review of Medical Records" report dated 10/31/13, [REDACTED] indicated that "The patient recently received certification for evaluation with [REDACTED], Clinical Psychologist, to address her depressive symptoms and anxiety". It is also stated in the utilization records that the claimant was authorized for a psychological evaluation in October 2013. It is unclear why the claimant did not follow-through with the authorized evaluation with [REDACTED]. In [REDACTED] "Follow-up Pain Management Consultation and Review of Medical Records" report dated 12/19/13, he wrote, "The patient will hold from seeing [REDACTED], Clinical Psychologist, as she is doing much better, not that her pain is well controlled with the spinal cord stimulator." Given the most recent information from [REDACTED] report, the claimant is no longer in need of an evaluation. Given this information and the fact that an evaluation was already authorized, the request for a "psychiatry/psychology consultation" is not medically necessary. It is noted that the claimant was authorized for a psychology/psychiatric consultation ([REDACTED] [REDACTED]) as a result of this request.