

Case Number:	CM13-0069820		
Date Assigned:	01/03/2014	Date of Injury:	05/01/2012
Decision Date:	09/09/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	12/23/2013

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 Psychiatry 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:

Injured worker is a 44 year old female with date of injury 6/1/2012. Date of the UR decision was 12/20/2013. Report dated 12/30/2013 listed subjective complaints as left elbow, hand numbness, loss of active and passive left shoulder motion and mild fullness of medial elbow without intrinsic atrophy. He was diagnosed with Shoulder region dislocation, Sprain lumbar region. Recommendation was to continue the post operative treatment. Per report dated 7/29/2013, the injured worker complained of psychological symptoms such as depression, anxiety, stress, irritability, insomnia, weight gain, feelings of hopelessness and uselessness and was diagnosed with Adjustment disorder with mixed anxiety and depressed mood, Attention Deficit Hyperactivity Disorder (pre existing and non industrial) and pain disorder due to psychological factors and general medical condition. Psychologist report dated 9/23/2013 suggested that individual counseling was being provided to her.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCHIATRIC EVALUATIONS X15: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness, Office visits Stress related conditions.

Decision rationale: The injured worker has been diagnosed with Adjustment disorder with mixed anxiety and depressed mood, Attention Deficit Hyperactivity Disorder (ADHD; pre existing and non industrial) and pain disorder due to psychological factors and general medical condition. Psychologist report dated 9/23/2013 suggested that individual counseling was being provided to her. The diagnosis of ADHD has been pre existing and she has been prescribed Adderall for the same. The request for Psychiatric Evaluations x15 is excessive and not medically necessary.

PSYCHOLOGICAL TESTING TO MONITOR PROGRESS.: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Mental and Stress < Psychological evaluations.

Decision rationale: ODG states 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 subacute and 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 request for unspecified sessions, duration of Psychological testing to monitor progress is not medically necessary.