

Case Number:	CM13-0070145		
Date Assigned:	01/03/2014	Date of Injury:	06/30/2012
Decision Date:	04/21/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	12/24/2013

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 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 44 year-old female with a date of injury of June 30, 2012. The claimant sustained injury to her left ankle when she tripped over a box while working for [REDACTED]. In December 5, 2013 report [REDACTED] diagnosed the claimant with: (1) Ankle, foot pain in joint; (2) Status postsurgical; (3) Tenosynovitis of foot and/or ankle; and (4) Depression. The claimant has been treated with medications, injections, TENS unit, physical therapy, and surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCHOLOGICAL EVALUATION: Overturned

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

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

Decision rationale: The California MTUS guideline regarding the use of psychological evaluations in the treatment of chronic pain will be used as reference for this case. In a report dated December 5, 2013, [REDACTED] listed a diagnosis of depression in addition to the claimant's orthopedic conditions. Although there was no other information offered for review, [REDACTED] recommended psychological services. According to the California MTUS guideline,

psychological evaluations are "recommended" and "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." As a result, the request for a Psychological evaluation appears reasonable and is medically necessary.

SIX (6) SESSIONS OF COGNITIVE BEHAVIORAL THERAPY: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23.

Decision rationale: The California MTUS guideline regarding the use of behavioral interventions in the treatment of chronic pain will be used as reference in this case. In a report dated December 5, 2013, [REDACTED] listed a diagnosis of depression in addition to the claimant's orthopedic conditions. Although there was no other information offered for review, [REDACTED] recommended cognitive behavioral therapy. Since there is no current psychological evaluation offering relevant treatment recommendations appears premature. As a result, the request is not medically necessary.