

Case Number:	CM13-0070356		
Date Assigned:	04/18/2014	Date of Injury:	06/23/2013
Decision Date:	06/30/2014	UR Denial Date:	12/16/2013
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 Psychiatry and is licensed to practice in Illinois. 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 injured worker is a 43-year-old female who reported an injury on 06/23/2013 due to tripping and falling. The clinical note dated 12/18/2013 noted the injured worker presented with complaints of left shoulder pain. Upon exam, the injured worker expressed that she was slightly depressed and down. The left shoulder was positive for impingement. The injured worker's diagnoses were displacement of cervical disc without myelopathy, anterior soft tissue impingement, and acute reaction to stress. The provider recommended a psychological evaluation. The provider's rationale for the request was not provided within the documentation. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCHOLOGICAL EVALUATION: 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: According to the MTUS Chronic Pain Medical Treatment Guidelines, Psychological evaluations are generally accepted, well-established diagnostic procedures, not

only with selected use in pain problems, but also with more wide-spread use in chronic pain populations. Diagnostic evaluation should distinguish between conditions that are pre-existing, aggravated by the current injury, or work related. Psychosocial evaluation should determine if further psychosocial interventions are indicated. Interpretations of the evaluation should provide clinicians with a better understanding of the patient in their social environment, thus allowing for more effective rehabilitation. The medical documents provided for review lack evidence of objective findings to support the medical necessity of a psychological evaluation. The physical examination did not document objective findings consistent with depression or anxiety. There is also no mental status evaluation. The employee's reported stress at the work place, however, there were no objective findings related to stress. Therefore, the request for a psychological evaluation is not medically necessary and appropriate.