

Case Number:	CM14-0001405		
Date Assigned:	01/22/2014	Date of Injury:	11/12/2010
Decision Date:	06/11/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/03/2014

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 licensed in Psychology, and is licensed to practice in Texas. 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 45 year old female who reported an injury of unknown mechanism on 11/12/2010. In the clinical note dated 11/08/2013, the injured worker complained of continued pain and complex regional pain syndrome (CRPS). The injured worker had a foot sore and she also complained of left sharp, throbbing and chronic elbow pain. The injured worker stated that the pain medication helped decrease her pain and improve her function. She rated her pain at 3/10. Her prescribed medications documented included Prilosec DR 20mg. The physical examination of the spine/rib/pelvis revealed pain at the midline and paraspinal muscles, and tenderness at the bilateral paralumbar. The neurological examination documented the injured worker had an overall normal mood and affect. The injured worker complained of anxiety and depression. The injured worker had a diagnosis of pain foot/leg/arm/finger. The treatment plan included prescriptions of Norco 10/325mg 1 tab every 4 hours as needed for pain #180 and Prilosec DR 20mg 1 tab daily #60 that were dispensed in office, request for new custom shoes to accommodate for foot issues so that she did not have infections or other problems, and a request for a referral to a psychologist. The request for authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCHOLOGY CONSULT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23-25.

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

Decision rationale: The request for a psychology consult is not medically necessary. The California MTUS guidelines state that psychology consults are recommended as diagnostic evaluations that should distinguish between conditions that are preexisting, aggravated by the current injury or work related. Within the clinical note, it is unclear if the injured worker had significant anxiety and depression. The requesting physician did not include adequate documentation of significant symptoms related to the injured workers depression and anxiety. The guidelines state that a psychology consult is recommended as a diagnostic evaluation to distinguish between conditions that are preexisting, aggravated by the current work injury or work related. As such, the request for a psychology consult is not medically necessary.

PSYCHOLOGICAL VISITS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23-25.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 101-102.

Decision rationale: The request for psychological visits is not medically necessary. The California MTUS guidelines state that psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. Within the clinical note, it is unclear if the injured worker had significant anxiety and depression. The requesting physician did not include adequate documentation of significant symptoms related to the injured workers depression and anxiety. Additionally, the number of sessions being requested was unclear. As such, the request for psychological visits is not medically necessary.