

Case Number:	CM14-0004011		
Date Assigned:	01/31/2014	Date of Injury:	04/05/2012
Decision Date:	07/14/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	01/09/2014

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 48 year old female with a reported injury on 04/05/2012 caused by working at a daycare and a child began to fall, she reached across her body with her left arm and hand and grabbed the falling child. The injured worker felt sharp pain in left shoulder, elbow, wrist and scapular area. On 08/17/2013 the injured worker saw her primary doctor for follow-up one month after cervical fusion. She reported significant improvement and no longer had radicular symptoms. Her diagnoses were C5-6 instability, C5-6 and C6-7 ACDF in July of 2013 and left thoracic outlet syndrome. The treatment plan was for psychological consult with 10 sessions. The injured worker had a follow-up visit with her neurosurgeon on 10/04/2013. She had a satisfactory postoperative course. The injured worker had a visit at the pain clinic on 12/02/2013 where she stated she had made improvement with her pain. She had more pain in cold weather. She was having difficulty coping with her condition and pain. Her medication list consisted of TUMS, multiple vitamins and Tylenol. Her plan of treatment also was psychological evaluation with 10 sessions for difficulty adjusting and coping with her condition. The request for authorization was signed on 12/15/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCHOLOGICAL EVALUATION WITH 10 SESSIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for psychological evaluation with 10 sessions is non-certified. The injured worker had C5-6 and C6-7 anterior cervical dissection and fusion in July of 2013. She has been recommended psychological treatment to help her with difficulty adjusting and coping to her situation. The California MTUS guidelines suggest to identify and address specific concerns about pain, to identify patients who continue to experience pain and disability after the usual time of recovery and sustained pain in spite of continued therapy. There was a lack of documentation on pain assessment and pain level scale. There was a lack of documentation of specific concerns about pain and disability. The documentation does not support the need for psychological treatment, therefore the request is not medically necessary and appropriate.