

Case Number:	CM14-0004391		
Date Assigned:	02/05/2014	Date of Injury:	08/15/2011
Decision Date:	06/20/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/13/2014

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 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 32 year-old male [REDACTED] with a date of injury of 8/15/11. The claimant sustained injury to his neck, bilateral shoulders, bilateral wrists, and hand as the result of cumulative, work-related movements involving prolonged carrying, lifting, bartending, cleaning, and serving while working as a General Manager for [REDACTED]. In a PR-2 report dated 12/3/13, [REDACTED] diagnosed the claimant with: (1) Carpal tunnel syndrome; (2) Cervical radiculopathy; (3) Possible early stages of CRPSI.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCH CONSULT AND TREATMENT: 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: Based on the review of the medical records, the claimant continues to struggle with chronic pain from his work-related orthopedic injuries and it does not appear that he has had any psychological services to treat the pain. Although the claimant has not received any prior psychological services and appears that he may benefit from some, the request for

"PSYCH CONSULT AND TREATMENT" is not completely appropriate as they are two separate requests. Although the request for a psych consult is relevant, the request for treatment is premature as there is no current psychological evaluation for which more specific diagnostic information can be gleaned and appropriate treatment recommendations can be found. Additionally, the request is too vague regarding "treatment" as it does not indicate how many sessions are being requested nor the duration of time for the services. As a result of the aforementioned, the request for "PSYCH CONSULT AND TREATMENT" is not medically necessary.