

Case Number:	CM14-0006358		
Date Assigned:	02/05/2014	Date of Injury:	11/04/2012
Decision Date:	06/20/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	01/14/2014

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 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 51 year-old female with a date of injury of 11/4/12 however, her date of injury was listed as 5/3/13 on [REDACTED] 12/3/13 "Initial Psychological Evaluation". According to the UR letter, the claimant sustained her injury when a door frame slammed into her left side and hit her back. According to [REDACTED] report, the claimant sustained an injury to her neck and lower back as a result of pushing a cart filled with cleaning appliances. The claimant sustained this injury while working as a housekeeper for the [REDACTED]. It is also reported that the claimant developed psychiatric symptoms secondary to her work related orthopedic injury. In his 1/7/14 PR-2 report, [REDACTED] diagnosed the claimant with the following: (1) Major depression, single-episode, moderate; (2) Post-traumatic stress disorder; (3) Anxiety disorder, NOS; (4) Panic disorder without agoraphobia; and (5) Insomnia related to Axis I disorder.

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: The CA MTUS guideline regarding psychological evaluations will be used as reference for this case. Based on a review of the medical records, the claimant completed an "Initial Psychological Evaluation" with [REDACTED] on 12/3/13 and has been receiving psychotherapy services from [REDACTED] (notes from 12/18/13 and 12/27/13) and psychophysiological therapy with biofeedback from biofeedback therapist, [REDACTED] (notes from 12/30/13, 1/6/14 and 1/13/14). The request for a "Psychological Evaluation" was dated 12/12/13, nine days after [REDACTED] evaluation had been conducted (based on his request from 11/25/13). Since the claimant did complete an initial psychological evaluation and begin psychological services, the request for Psychological Evaluation is not medically necessary.