

Case Number:	CM14-0007564		
Date Assigned:	01/24/2014	Date of Injury:	06/20/2011
Decision Date:	06/09/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/17/2013

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 Clinical 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:

Based on the records provided for this independent medical review, this patient is a 34 year old male who reported an industrial / occupational work related injury on June 20th 2011. On this date he was working in a kitchen preparing food when he slipped and fell and his right hand got caught in the potato bucket and pulled his shoulder. . He reports neck, low back, and bilateral lower extremity pain, as well as right upper extremity pain. There are several additional prior injuries that resulted in sciatica, lumbar laminectomies and right shoulder surgery and there is an ongoing issue in his cervical region that is also a work-related He is reporting depression as a result of the injury, failed surgeries and disability. In addition to the depression, there are sexual dysfunction issues and decreased libido that appears to be related to his depressive symptoms. . He has been diagnosed with an Adjustment Disorder with Anxious and Depressed mood, chronic; and Psychological Factors Affecting a Medical condition. A request for a Psychological Evaluation was non-certified as being redundant and not medically necessary. This IMR will consider a request to overturn this denial of treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCHOLOGICAL EVALUATION AND TREATMENT: Overturned

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 Behavioral Interventions, Psychological Evaluations Page(s): 100.

Decision rationale: I performed a careful and comprehensive review of all the medical pages (300 pages) that were provided for this independent review, the patient appears to have had this request for a psychological evaluation and treatment denied based on the fact that he had had a prior assessment done already. However, this assessment appears to have been conducted on 5/8/2012. Therefore it does appear at this juncture given the fact that he is suffering from significant psychological depressive symptomatology and that nearly all conventional and surgical medical interventions have failed to attenuate his pain conditions enough for him to return to work, that a psychological assessment should be provided at this time to determine if any psychological treatment is medically necessary. It does appear true that this patient is suffering from significant depression and anxiety related to his occupational injury and subsequent surgeries. Although he has had some prior psychological evaluations, at this point they are several years old and an assessment of his current status is appropriate and medically necessary in order to determine whether this patient would be a good candidate for another attempt at cognitive behavioral therapy, to specify his current psychological / psychiatric diagnosis, and to determine what if any psychological treatment is medically indicated based on the evaluation. According to the MTUS guidelines, psychological evaluations are generally accepted, well established diagnostic procedures and it is an appropriate tool for chronic pain solutions. As best as I can determine the patient has only had proximately four sessions cause some kind of psychotherapy in the past and this also was several years ago No specific notes were available with regards to the outcome of those sessions other than the patient saying that they were helpful. These few sessions were conducted sometime in 2012 should not preclude him obtaining the necessary care at this time. Therefore the request to overturn the non-certification of psychological evaluation is approved and the original non-certification decision is overturned. The request for psychological evaluation and treatment is not medically necessary.