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| Case Number: | CM14-0008561 | | |
| Date Assigned: | 02/12/2014 | Date of Injury: | 11/04/2008 |
| Decision Date: | 06/24/2014 | UR Denial Date: | 01/09/2014 |
| Priority: | Standard | Application Received: | 01/21/2014 |

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 65-year-old male with a date of injury of 11/4/08. The claimant sustained injury to his right hand and arm when his right hand was crushed and got caught in the dye setting machine, resulting in amputation. The claimant sustained this work-related injury while working. In a progress report dated 1/28/14, the provider diagnosed the claimant with status post surgery. In a previous progress report and "Primary Treating Physician's Initial Evaluation Report" dated 12/19/13, the provider had diagnosed the claimant with: (1) diabetes; (2) hypertension; (3) Insomnia; (4) Anxiety; (5) Right elbow sprain/strain; and (6) Crush injury of right wrist. It was also noted within the report that the claimant was experiencing "stress/anxiety/depression."

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) PSYCHOLOGICAL CONSULTATION: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PSYCHE EVALUATIONS, Page(s): 100-101.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398-404, Chronic Pain Treatment Guidelines Page(s): 100-101.

Decision rationale: Based on the review of the medical records, the claimant continues to experience chronic pain as a result of his work related injury from November 2008. In the most recent progress report submitted by the provider on 1/28/14, there is no note of any psychological/psychiatric symptoms. However, in the previous progress report of 12/19/13, it was noted that the claimant was experiencing "stress/anxiety/depression." Additionally, in his "Primary Treating Physician's Initial Evaluation Report" dated 12/19/13, the provider wrote, "I am requesting authorization for the patient to obtain a psychological consultation regarding anxiety." Given that the claimant is experiencing pain addition to some anxiety and possible depression, a psychological consultation appears appropriate. As a result, the request is medically necessary.