

Case Number:	CM14-0009059		
Date Assigned:	02/14/2014	Date of Injury:	06/20/2011
Decision Date:	06/24/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/23/2014

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 34-year-old male with a date of injury of 6/20/11. The claimant sustained multiple orthopedic injuries involving his neck, right shoulder and upper extremity, back, and bilateral lower extremities when he slipped and fell while working as a cook. In a "Visit Note" dated 1/22/14, Physician Assistant, [REDACTED], with the supervision of [REDACTED], diagnosed the claimant with: (1) Pain in joint, shoulder; (2) Lumbar disc displacement without myelopathy; and (3) Sprains and strain of neck. It is also reported that the claimant has developed psychiatric symptoms secondary to his work-related orthopedic injuries. In a re-examination report from [REDACTED] dated 4/25/13, [REDACTED] diagnosed the claimant with: (1) Adjustment disorder with anxious and depressed mood, chronic; and (2) Psychological factors affecting a medical diagnosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCHOLOGICAL CONSULT: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PSYCHOLOGICAL EVALUATIONS.

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

Decision rationale: The CA MTUS guideline regarding psychological evaluation and the ACOEM guideline regarding referral will be used as references for this case. It is unclear from the records submitted for review as to the claimant's previous use of psychological services as a result of his work-related injury. According to [REDACTED]' re-examination report dated 4/25/13, in April 2011, a recommendation was made by [REDACTED] for an evaluation with [REDACTED] at [REDACTED]. It is unknown whether an evaluation was conducted at that time. However, [REDACTED] made reference to a request for authorization made by [REDACTED] in August 2011. It is unknown what this request entailed. [REDACTED] additionally indicates that the claimant completed a psychological evaluation with [REDACTED] in May 2012. When interviewing the claimant, the claimant reported to [REDACTED] that he had been "referred by [REDACTED] to see [REDACTED], MFT" and that he "saw her four times but she was not on the approved list so treatment was discontinued." Other than [REDACTED]' initial examination and re-examination reports, there are no psychological/psychiatric records to review. Despite the paucity of information pertaining to the claimant's psychiatric/psychological history related to his work-related injury, it is reported that the claimant continues to struggle with psychiatric symptoms. In their recent "Visit Note" dated 1/22/14, Physician Assistant, [REDACTED], and [REDACTED], noted that the claimant "continues to experience depressive symptoms." Given this information, an updated psychological evaluation is appropriate. Therefore, the request for a psychological consult is medically necessary.