

Case Number:	CM14-0103170		
Date Assigned:	09/24/2014	Date of Injury:	12/25/2012
Decision Date:	10/24/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/03/2014

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 Psychiatry 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:

This is a 64-year-old male with a 12/25/2012 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 6/16/14 noted subjective complaints of trouble sleeping, confusion and memory loss. Objective findings included cervical spine and left shoulder tenderness. The provider recommended a psych consultation due to memory loss. Diagnostic Impression: cervical sprain and left shoulder impingement. Treatment to Date: medication management and physical therapy. A UR decision dated 6/24/14 denied the request for a psych consultation. There is no indication as to how the patient's trouble with memory is impacting the recovery of his shoulder function. There is no basic mental status exam to indicate an organic issue.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Psych Consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Office visits

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological consult and treatment Page(s): 100-101. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The California MTUS states that consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. The MTUS further states that psychological evaluations are recommended and are generally-accepted, well-established diagnostic procedures, not only with selected use in pain problems, but also with more widespread use in chronic pain populations. However, the requested psych consultation is for evaluation of memory loss. There is no mention of specific psychological symptoms such as depression or anxiety to substantiate the need for psych evaluation. Therefore, the request for psych consultation is not medically necessary.