

Case Number:	CM14-0104547		
Date Assigned:	09/24/2014	Date of Injury:	09/09/2010
Decision Date:	10/24/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	07/07/2014

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 Psychologist and is licensed to practice in Utah. 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 42 year old female with a 9/9/2010 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 5/27/14 noted subjective complaints of neck, back, shoulder, arm, elbow, wrist, and finger pain. Objective findings included cervical spine tenderness. Patient has had 8 treatments with a psychologist which the patient thought was helpful. Diagnostic Impression: chronic pain syndrome with depression Treatment to Date: medication management. A UR decision dated 6/11/14 denied the request for psychological evaluation times 4. The request remains unclear as to why the patient would need 4 evaluation visits as one evaluation is initially recommended to determine appropriate psychological interventions and treatments. Additionally, it was noted the patient has received 8 prior psychological treatments which would suggest that the patient has already underwent a psychological evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCHOLOGICAL EVALUATION X 4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines psychological consult and treatment Page(s): 100-101.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) 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, it was noted that the patient has already seen a psychologist and had 8 prior sessions. It was noted that the patient found these sessions to be helpful, but no other specifics regarding improvement of psychological parameters were noted. It is unclear why the patient would need additional psychological evaluations when she already had 8 sessions and presumably an evaluation with a psychologist. Therefore, the request for psychological evaluation times four was not medically necessary.