

Case Number:	CM14-0015310		
Date Assigned:	07/30/2014	Date of Injury:	09/08/2008
Decision Date:	09/22/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/06/2014

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 52 year-old male (██████████) with a date of injury of 9/8/08. The claimant sustained injury to his left hip and left lower abdomen when he was digging up a sprinkler line while working as a maintenance worker for ██████████. In the PR-2 report dated 1/6/14, Dr. ██████ diagnosed the claimant with: (1) Lumbar spine myofasciitis with radiculitis; (2) Status post left hip arthoscopic sugery; (3) Status post left knee arthoscopic surgery; and (4) Right hip internal derangement. The claimant has been treated for his orthopedic injuries with physical therapy, medications, home exercises, and surgery. In the "Medical Team Conference" report dated 1/6/14, it is noted by Dr. ██████ that the claimant presented in "obvious distress" and was "extremely emotional." Additionally, he was "extremely emotional and aggressive when discussing his attorney and his adjuster." Based on the claimant's presentation, a request for a psychological consultation and treatment was made. The claimant has not received any psychological services through this claim.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCHOLOGIST CONSULT AND TREATMENT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Psychological evaluations Page(s): 100-101.

Decision rationale: The CA MTUS guidelines regarding the use of psychological evaluations, psychological treatment, and behavioral interventions will be used as references for this case. Based on the review of the medical records, the claimant has continued to experience chronic pain since his injury in 2008. In the medical team conference in January 2014, it was noted that the claimant presented in "obvious distress" and was "extremely emotional" in relation to how his case has been handled by his attorney and adjuster. Based on the claimant's presentation at this meeting, a request for a psychological consult and treatment was made by Dr. [REDACTED]. Although a consultation may be appropriate, the included request for follow-up treatment is premature. Without a thorough evaluation, the need for any treatment cannot be determined. Since this review is unable to separate the components of the request, the request for "PSYCHOLOGIST CONSULT AND TREATMENT" is not medically necessary.