

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0123821 | | |
| Date Assigned: | 09/16/2014 | Date of Injury: | 06/08/2013 |
| Decision Date: | 11/25/2014 | UR Denial Date: | 07/07/2014 |
| Priority: | Standard | Application Received: | 08/05/2014 |

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 a licensed Psychologist, and is licensed to practice in Texas. 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 injured worker is a 75-year-old male who reported an injury on 06/08/2013. On 05/27/2014, the injured worker presented with ongoing symptoms of chronic pain and functional limitations secondary to injury that have negatively impacted his ability to work. He was reportedly pulling a cart and caught his right hand between the metal cart and the metal wall. His diagnoses were pain in the limb and pain in the joint hand. Current medications included ketamine cream, naproxen sodium, and Ultracet. The injured worker underwent psychological testing and his somatization score was noted to be T=56. He had an average depression score and a below average anxiety score. The diagnoses were major depressive disorder single episode moderate, pain disorder due to both psychological factors and a general medical condition, diagnosis deferred on Axis II, and psychological environmental problems. The provider recommended psychotherapy sessions and a consultation with a psychologist for interpretation of psychological testing and report. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with a psychologist/ extended time/ testing interpretation by technician/ psychological testing & report: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), updated guidelines, Chapter 6, page 163.

Decision rationale: Consultation with a psychologist/extended time/testing interpretation by technician/ psychological testing & report is not medically necessary. The California MTUS/ACOEM Guidelines state that a consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss, and examinee's fitness to return to work. The provider recommended a consultation for testing interpretation by a technician and psychological testing and report. The injured worker had completed a psychological evaluation on 05/27/2014 including testing and recommendations for treatment. There is a lack of documentation of psychological treatments the injured worker underwent since the last tests were performed. There would be no need for measurement of progress if psychological intervention was not performed. As such, medical necessity of an additional consultation has not been established.