

Case Number:	CM14-0125250		
Date Assigned:	09/24/2014	Date of Injury:	01/31/2010
Decision Date:	10/24/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	08/07/2014

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 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:

Injured worker is a 51 year old female with date of injury 1/31/2010. Date of the UR decision was 7/11/2014. She encountered neck pain, low back pain and bilateral shoulder pain secondary to a slip and fall injury. Report dated 6/19/2014 indicated that she was experiencing pain in bilateral shoulders, lumbar spine and cervical spine. It was also suggested that she reported experiencing depression and insomnia. She underwent right shoulder subacromial depression/Mumford procedure in 01/2013 and right shoulder full thickness rotator cuff tear with retraction. It was suggested that she was experiencing chronic pain syndrome with depression and anxiety which was listed as a maladaptive response to chronic pain. It was documented that she had become depressed and anxious with abdominal pain and associated insomnia. Recommendations per that evaluation were request for an orthopedic evaluation, biopsychosocial evaluation, acupuncture trial and lab work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Biopsychosocial Evaluation: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological, Evaluations.

Decision rationale: MTUS states "Psychological evaluations- Recommended. Psychological evaluations 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. Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated." The request for a Biopsychosocial Evaluation is clinically indicated. It is to be noted that request for Psycholgist consult for Biopsychosocial Evaluation was already certified on 7/8/14. Thus, request for another Biopsychosocial Evaluation is not medically necessary at this time.