

Case Number:	CM14-0135426		
Date Assigned:	08/27/2014	Date of Injury:	10/24/2011
Decision Date:	10/30/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/19/2014

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 49-year-old male [REDACTED] with a date of injury of 10/24/11. The claimant sustained injury to his neck, back, upper extremities, and right hip as the result of repetitive work activities while working as a heavy equipment operator for [REDACTED]. In his PR-2 report dated 7/2/14, [REDACTED] diagnosed the claimant with: (1) Cervical spine disc bulges; (2) Thoracic spine disc bulges; (3) Lumbar spine disc bulge; (4) Right shoulder internal derangement; (5) Left shoulder internal derangement; (6) Right elbow strain; (7) Left elbow strain; (8) Right carpal tunnel syndrome; (9) Left carpal tunnel syndrome; (10) Right hip strain; (11) Left hip strain; (12) Right knee strain; (13) Left knee strain; (14) Right ankle/foot strain; (15) Left foot/ankle strain; and (16) Other problems unrelated to current evaluation. Additionally, in his "Initial Pain Management Evaluation" dated 7/17/14, [REDACTED] offered the following impressions: (1) Cervical radiculopathy; (2) Chronic cervical strain; (3) Bilateral carpal tunnel syndrome; (4) Chronic thoracic strain; (5) Thoracic radiculopathy; (6) Chronic lumbar strain; (7) Lumbar radiculopathy; and (8) Bilateral foot and ankle strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psych follow up: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 398, Chronic Pain Treatment Guidelines Psychological Evaluations.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions (Chronic Pain Medical Treatment Guidelines, CA MTUS 2009)Recommen.

Decision rationale: The CA MTUS guideline regarding the use of behavioral interventions will be used as reference for this case. Based on the review of the medical records, the claimant continues to experience chronic pain since his injury in October 2011. It is also noted that he experiences psychiatric symptoms of depression and anxiety. In several of [REDACTED] reports, he indicates that the claimant has been treated for depression and anxiety by [REDACTED]. However, there are no psychological records submitted for review. Without any information about the claimant's use of psychological services, the need for a psych follow-up cannot be determined. As a result, the request for a "Psych follow up" is not medically necessary.