

Case Number:	CM14-0135540		
Date Assigned:	09/03/2014	Date of Injury:	08/22/2013
Decision Date:	10/08/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/25/2014

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 Child & Adolescent 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:

The injured worker is a 33 year old male who reported experiencing cumulative trauma at his job from 12/4/12 to the date of injury 8/22/13. He was working as a prep cook and did repetitive activities such as prolonged standing, walking, bending, and lifting 50 lb. objects. He reported pain in his low back with radiation into both legs, knees and feet associated with tingling, numbness and weakness. He also described depression, anxiety and insomnia. He was diagnosed with Lumbar spine strain, bilateral knee strain and bilateral foot sprain. He was treated with analgesic medication, acupuncture, physical therapy, and a TENS unit. There is no objective documentation of mental health symptoms in the accompanying documentation. A request was made for an initial psyche evaluation, re-evaluation and/or treatment if necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial psyche evaluation, re-evaluation and/or treatment, if necessary: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Office visits

Decision rationale: MTUS guidelines indicate that psychological evaluations are recommended as generally accepted diagnostic procedures useful in evaluation of individuals suffering from pain. The evaluations can assist distinguishing between conditions that are pre-existing, aggravated by the current injury, or work related. The reports can be helpful in allowing for more effective rehabilitation. The injured worker is described as reporting symptoms of depression, anxiety and insomnia. However, there is no objective documentation of the specific nature of these symptoms, their severity, any treatment provided, and any associated functional incapacity resulting from them. In the absence of this important clinical information, there is no compelling clinical rationale for needing a psychological evaluation. In addition, if there is no medical necessity for an initial psychological evaluation, there is therefore no medical necessity for a re-evaluation, and furthermore, no medical necessity for the request for open-ended treatment.