

Case Number:	CM14-0154996		
Date Assigned:	09/25/2014	Date of Injury:	05/26/2009
Decision Date:	10/30/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/22/2014

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 Orthopedic Surgery 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 48-year-old male who reported an injury on 05/26/2009 after turning on a fountain. The injured worker reportedly sustained an injury to his low back. The injured worker's treatment history included cervical discectomy and fusion in 07/2013 and lumbar posterior discectomy and bilateral neural foraminotomy in 04/2014. The injured worker's postsurgical treatment included multiple medications, aquatic therapy, and physical therapy. The injured worker was evaluated on 06/11/2014. It was noted that the injured worker had continued pain complaints of the cervical and lumbar spine. Physical findings included limited range of motion of the cervical and lumbar spine secondary to pain. The injured worker's diagnoses included cervical, thoracic, and lumbar spine strain, cervical radicular syndrome, lumbar radicular syndrome, left rotator cuff tendinosis, tendonitis with impingement syndrome, rotator cuff tendinitis with impingement syndrome, and bilateral wrist tendinitis with carpal tunnel. It was noted that the injured worker was undergoing psychological care with another physician and continued treatment was requested. The clinical documentation submitted for review indicates that psychological care was initiated in 03/2014. The Request for Authorization was not submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Follow- Up Visit with a Psychologist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment, Page(s): 101.

Decision rationale: The requested 1 follow-up visit with a psychologist is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends ongoing treatment for psychiatric issues related to chronic pain be supported by documented functional benefit and evidence of symptoms response. The clinical documentation submitted for review does indicate that the injured worker has been receiving psychiatric treatment. However, documented functional benefits and symptom relief is not provided to support continued psychiatric care. As such, the requested 1 follow-up visit with a psychologist is not medically necessary or appropriate.