

Case Number:	CM14-0156188		
Date Assigned:	09/25/2014	Date of Injury:	07/16/2014
Decision Date:	12/03/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/24/2014

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 licensed 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 41 year-old male (██████████) with a date of injury of 7/16/14. The claimant sustained the initial injury to his back in August 2013 while offloading heavy metal equipment while working as a Receiving Supervisor for ██████████. It is reported that he did not report the incident until July, 16, 2014. In his "Primary Treating Physician's Initial Comprehensive Report" dated 8/12/14, ██████████ diagnosed the claimant with Lumbar spine strain and bilateral radiculitis. It is also reported by ██████████ that the claimant "has slight depression and anxiety due to loss of employment and loss of income...and has slight to moderate sleep loss due to pain, stress, anxiety, and depression." The request under review is for an initial psychological evaluation as recommended by ██████████.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychological Evaluation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299, Chronic Pain Treatment Guidelines Psychological evaluation Page(s): 100-101.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment and Psychological evaluations Page(s): 100-102.

Decision rationale: The CA MTUS guideline for the use of psychological treatments and psychological evaluations in the treatment of chronic pain will be used as references for this case. Based on the review, the claimant continues to experience pain since his injury. In his "Primary Treating Physician's Initial Comprehensive Report" dated 8/12/14, ██████████ noted some symptoms of depression and anxiety as well as sleep issues secondary to the claimant's pain and recommended a psychological evaluation. The CA MTUS states the following in relation to their stepped approach, "Step 1: Identify and address specific concerns about pain and enhance interventions that emphasize self-management. The role of the psychologist at this point includes education and training of pain care providers in how to screen for patients that may need early psychological intervention. Step 2: Identify patients who continue to experience pain and disability after the usual time of recovery. At this point a consultation with a psychologist allows for screening, assessment of goals, and further treatment options, including brief individual or group therapy." ██████████ clearly recognizes that the claimant is struggling with some psychological symptoms and in his 9/5/14 "Primary Treating Physician's Medical-Legal Supplemental Report - Appeal of Treatment Denial", he writes, "Management of this patient's psychological symptoms, depression and anxiety, are out of my scope of practice. The patient is unable to manage the symptoms on his own and therefore, the medical necessity to undergo specialty consultation with a psychologist as this is recommended by the ACOEM guidelines." ██████████ does present appropriate and relevant documentation to substantiate the need for a psychological consultation. As a result, the request for a "Psychological Evaluation" is medically necessary.