

Case Number:	CM14-0157027		
Date Assigned:	09/30/2014	Date of Injury:	02/06/2014
Decision Date:	10/28/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	09/25/2014

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 licensed in Clinical 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:

According to the records that were provided for this independent medical review, this patient is a 42-year-old female who reported and industrial related injury that occurred on February 6, 2014. The injury reportedly occurred during her work duties as a cashier and stocker for a [REDACTED] [REDACTED] when she slipped on some grapes, twisted awkwardly, and suffered acute onset of neck and low back pain. The low back pain radiates down to her bilateral lower extremities worse on the right side and the left and there is significant reports of neck pain radiating into her upper extremities with limitations on her ability to lift items over 10 pounds. She reports the pain symptoms have been getting worse since her injury. She has been diagnosed with: Cervical Radiculopathy, Lumbar Radiculopathy, and Lumbar Facet Syndrome. MRI showed Mild Annular Bulges at L2-L3 and L4-5 and Severe left L4-5 subarticular gutter forming a tight passage for the descending right L5 nerve root. Additional medical diagnoses are provided in her chart. She has very limited and restricted range of motion in her back and neck. She has returned to work with light duty restrictions. Conservative treatment has been attempted in the form of 15 sessions of physical therapy and pain medications these have resulted in moderate but temporary pain relief. She reports functional limitations that include physical exercise, performing household chores, participating in recreation, doing yard work or shopping, caring for herself because of the pain and having sexual relationships as well as socializing. According to a PR-2 note from her primary treating physician a request was made for a "one-time consultation with a psychologist specializing in chronic pain patients to address current coping skills and depressed mood related to chronic pain and decreased function." The rationale provided for the request was stated that: "the patient's delayed recovery from chronic pain and limited pain coping skills now warrants a psychological evaluation."

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral To Psychologist (Non-MPN Provider) for The Submitted Diagnoses of Lumbar Radiculopathy, Cervical Radiculopathy and Lumbar Facet Syndrome As An Outpatient:
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 Part Two, Behavioral Interventions, Psychological Evaluation Page(s): 100-101.

Decision rationale: According to the MTUS guidelines, psychological evaluations are recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selective use in pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should English between conditions that are pre-existing, aggravated by the current injury or work-related. Psychosocial evaluations should determine if further psychosocial treatment is needed. Additional medical notes were received for this IMR that were not included in the original utilization review decision. The original utilization review rationale for non-certification of this procedure stated that 27 pages of medical notes were provided for consideration. The rationale for non-certification of the procedure was stated as: "no comprehensive examination findings or diagnostic evaluation is provided. There is no indication that the claimant is a candidate for any surgical intervention immediate implantable device which may require preoperative for pre-procedure psychological evaluation and the addition of psychological consultation as a part of a standard pain management evaluation is not supported based on the documentation provided." For this IMR an additional 103 pages of medical notes were received and reviewed. Although these notes convey additional explanation for the reason why a psychological consultation was being made (delayed recovery, continued pain symptomology despite conventional medical treatments, and psychological symptomology resulting from the patient's injury), the reported psychological symptomology, does not cross the threshold for which medical necessity has been established to initiate a comprehensive psychological evaluation. There was insufficient documentation of specific psychological sequelae/symptoms that would suggest a specific psychological disorder that has resulted from her physical symptoms that would be likely to benefit from psychological treatment. Because medical necessity of the procedure was not established the original utilization review decision is upheld.