

Case Number:	CM14-0169379		
Date Assigned:	10/17/2014	Date of Injury:	05/10/2007
Decision Date:	11/19/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	10/14/2014

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 30 year-old female [REDACTED] with a date of injury of 5/10/07. The claimant sustained injury to her wrist while working for the [REDACTED]. The mechanism of injury was not found within the minimal medical records offered for review. In the office visit note from [REDACTED] dated 7/1/14, the claimant was assessed to have wrist pain. [REDACTED] suggested that the claimant complete a psychological evaluation. The request under review pertains to his recommendation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain psych evaluation and treatment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 101 102.

Decision rationale: The CA MTUS guidelines regarding the use of psychological treatment, psychological evaluations, and behavioral interventions in the treatment of chronic pain will be used as references for this case. Based on the review of the very limited medical records, the claimant has continued to experience chronic pain since her injury in May 2007. In her visit to

██████████ on 7/1/14, he recommended that the claimant complete a psychological evaluation in order to rule out psychological factors that may be impairing her ability to manage her pain more effectively. The CA MTUS indicates, "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." Given this guideline, the request for a psychological evaluation is appropriate however, the request for follow-up treatment is premature and should only be done once a full evaluation/assessment has been conducted and appropriate treatment recommendations made. As a result, the request for "Pain psych evaluation and treatment" is not medically necessary.