

Case Number:	CM14-0182627		
Date Assigned:	11/07/2014	Date of Injury:	06/06/2012
Decision Date:	12/12/2014	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/03/2014

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 53 year-old male (██████████) with a date of injury of 6/6/12. The claimant sustained injuries to his neck, back, right hip, and right shoulder when a piano that he was moving slid down the ramp and slammed him into the wall while working as a Driver/Loader for ██████████. In his Primary Physician's Progress Report dated 9/2/14, ██████████ offered the following diagnostic impression: history of work-related injury on June 06, 2012 with accepted body parts including cervical spine, lumbar spine, right shoulder, and right hip; and history of anterior cervical discectomy fusion at C5-C6 and C6-C7 performed by another surgeon. Solid arthrodesis at C5-C6, and probable pseudo arthrosis at C6-C7. Advanced disc degeneration and disc osteophyte and stenosis as the adjacent C4-C5 level, and also some early degeneration at C3-C4. It is also reported that the claimant developed psychiatric symptoms secondary to his work-related orthopedic injuries. In his PR-2 report dated 4/10/14, MFT, ██████████, diagnosed the claimant with major depressive disorder; anxiety disorder due to chronic pain syndrome; and pain disorder with psychological factors and medical factors. The claimant has received psychotherapy services to treat his psychiatric symptoms. The request under review is for a psychological evaluation, testing, prolonged face time, and record review from a psychologist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Evaluation, testing, prolonged facetime and record review with a psychologist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100-101.

Decision rationale: The California MTUS guideline regarding the use of psychological evaluations will be used as reference for this case. Based on the review of the medical records, the claimant completed an initial psychological evaluation with [REDACTED], MFT, on December 4th and 6th. Following the evaluation, the claimant participated in psychotherapy sessions with [REDACTED]. Given that a psychological evaluation was completed in December 2013, there is no need for an additional evaluation. As a result, the request for Evaluation, testing, prolonged facetime and record review with a psychologist is not medically necessary.