

Case Number:	CM14-0182724		
Date Assigned:	11/07/2014	Date of Injury:	02/19/2014
Decision Date:	12/12/2014	UR Denial Date:	10/24/2014
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 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 provided for this IMR, this patient is a 30-year-old male who reported an industrial injury that occurred on February 19, 2014. The mechanism of injury was a rollover motor vehicle accident with head laceration, neck and low back pain. The injury occurred during the course of his work duties as a maintenance worker. His car rolled over 3 times and ended up on the roof. This review will address his psychological status as it pertains to the current requested treatment. Medically, his diagnoses include: Cervical Facet Syndrome, Spasm of Muscle, Post-concussion Syndrome, Lumbar Disc Disorder. He reports mood disturbance, anxiety, some depression related to his chronic pain and decline in functional abilities including memory loss. There is also poor sleep and headache. A request was made for a pain management psychologist consultation, the request was not approved. The request was made to identify if there are any psychological/behavioral factors that may be contributing to chronic pain and delayed recovery. The utilization review determination based on: "the patient has been authorized for referral to a neuropsychologist and a neurologist. It would be advisable to review the results of these referrals prior to considering a referral to a pain psychologist. Additionally, should the patient improve with the other 2 referrals it should improve psychological symptoms. This IMR will address a request to overturn that decision."

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Psychologist Consultation: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two, Behavioral Interventions, Psychological Evaluations Page(s): 100-101.

Decision rationale: According to the MTUS psychological evaluations are generally accepted, well-established diagnostic procedures not only with selective use in pain problems, but with more widespread use in chronic pain populations. Diagnostic evaluation should distinguish between conditions that are pre-existing, aggravated by the current injury or work-related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. With respect to the requested treatment the primary treating physician has provided a rationale for the requested procedure, and the procedure is consistent with MTUS guidelines. The medical necessity of the request has been established due to delayed recovery, no prior psychological treatments/evaluations, and that the primary reason for the UR non-certification was that the patient had another pending consultation with a neuropsychologist. A progress note from September 2014 from his primary treating physician states that he has been denied the neuropsychological evaluation. Medical necessity of this request was also established with the presence of patient psychological symptomology as a result of his accident and post-concussion injury. Because the medical necessity of this request is established the UR non-certification of the procedure is overturned and approval for one psychological consultation/evaluation allowed.