MAXIMUS Federal Services

Case Number:	CM14-0023391		
Date Assigned:	05/12/2014	Date of Injury:	03/28/2011
Decision Date:	07/09/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/24/2014

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 Board Certified 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 34 year-old male with a date of injury of 3/28/11. The claimant initially sustained an injury to his hand when it was pinned between a forklift and a slab of granite. About one month later, the claimant injured his back while installing floor tiles. The claimant sustained both injuries while working as a floor installer/laborer for Stones and Traditions, Inc. In his 1/6/14 RFA, [redacted] diagnosed the claimant with lumbar radiculopathy, low back pain, hand pain, and lumbar facet syndrome. It is also reported that the claimant has developed psychiatric symptoms secondary to his work-related orthopedic injuries. In his 12/31/13 Psychological Status Report, [redacted] diagnosed the claimant with pain disorder due to a general medical condition and major depressive disorder. He also indicated that both anxiety disorder (not otherwise specified) and Somatization disorder. He also indicated that the claimant presents with features of posttraumatic stress disorder.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 REFERRAL TO PAIN PSYCHOLOGIST: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychotherapy guidelines.

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

Decision rationale: Based on the review of the medical records, the claimant has received psychological services from [redacted] in 2013. In his 12/31/13 Psychological Status Report, [redacted] explains that the claimant had been receiving psychological services through May 2013, but discontinued them due to not being authorized for additional sessions. In December 2013, the claimant resumed psychotherapy. Given that the claimant has a history of receiving psychological services and is currently an open case of [redacted], a referral to a pain psychologist is not needed. As such, the request is not medically necessary.