MAXIMUS Federal Services

Case Number:	CM14-0027033		
Date Assigned:	06/13/2014	Date of Injury:	12/03/2012
Decision Date:	07/25/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	03/03/2014

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 Board Certified 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 independent medical review, this patient is a 54-year-old female who reported an industrial/occupational work- related injury on 12 /3 /2012. The cause of the injury was not specified. The patient has subjective complaints of low back pain radiating to her left leg foot with numbness in the toes and calves she also has significant complaints of difficulty falling asleep due to the pain, waking up in the night due to pain, depression caused by the pain and loss of ability to work, decreased muscle mass and strength, and poor energy levels. A request for one psychological evaluation for symptoms related to lumbar spine injury was non-certified; this request for an independent medical review will address the request to overturn the non-certification of this treatment modality.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) psychosocial evaluation for symptoms related to lumbar spine injury: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorders (ACOEM Practice Guidelines), Table 2, Summary of Recommendations. https://www.acoempracguides.org/.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions, Psychological Evaluations Page(s): 23, 100-1.

Decision rationale: The utilization review records state that the non-certification of a psychological evaluation was based on insufficient information provided with regards to the patient's prior cognitive behavioral therapy, if any was provided, and insufficient documentation specifically related to what other conservative treatment since she has had. According to the MTUS guidelines, psychological evaluations are generally accepted, well established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations. The provided medical records, which consist of only 30 pages and are primarily related to the patient's need for epidural steroid injection. The medical records provide underwhelming support for a psychological evaluation. However, the records mentioned about the patient being depressed and the use of the medication antidepressant Cymbalta, which was used primarily for pain. Also, there appears to be delayed recovery and the patient's condition has not been improving with conservative treatments. Therefore, at this juncture so a psychological evaluation would be an appropriate intervention. As such, the request for one (1) psychosocial evaluation for symptoms related to lumbar spine injury is medically necessary and appropriate.