

Case Number:	CM14-0027326		
Date Assigned:	06/13/2014	Date of Injury:	11/06/2012
Decision Date:	07/29/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/04/2014

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 a licensed psychologist 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 50 year-old female () with a date of injury of 11/6/12. The claimant sustained orthopedic injuries when she was walking a client to a room and slipped and fell onto her right side, hurting her right knee and low back while working as an Administrative Assistant for . The claimant also developed left knee pain secondary to the injury as well as abnormal gait. In his PR-2 report dated 3/14/14, diagnosed the claimant with: (1) Status post right knee scope on 3/14/13; (2) Lumbar spine sprain/strain with 3-mm disc bulge, left neuroforaminal stenosis at L3-4 and 3.5mm disc protrusion with central stenosis at L4-5, and 5 to 6-mm disc bulge with moderate stenosis at L5-S1, per MRI dated 6/17/13; and (3) Left knee sprain and patellofemoral arthralgia secondary to abnormal gait. The claimant has been conservatively treated via medications, activity modifications, physical therapy, and injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psych evaluation and treatment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations and Treatments.

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

Decision rationale: The MTUS Guideline for the use of psychological treatment and psychological evaluations in the treatment of chronic pain will be used as references for this case. Based on the review of the medical records, the claimant has continued to experience chronic pain since her work-related injury. In a PR-2 report dated 2/3/14, [REDACTED] indicated that a psychiatric consultation was in order as the claimant was experiencing "suicidal thoughts due to uncontrolled chronic pain, current work situation, and inability to enjoy life due to chronic pain as a result of work injury." Additionally in the PR-2 report, [REDACTED] indicated that the claimant "is currently treating with private psych." The information is vague as there is no psychological information included in the medical records submitted. Therefore, the request for a psych evaluation and treatment record review is not medically necessary and appropriate.