MAXIMUS Federal Services

Case Number:	CM14-0027801		
Date Assigned:	06/16/2014	Date of Injury:	09/12/2008
Decision Date:	11/19/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	03/05/2014

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 31 year-old female ([redacted] with a date of injury of 9/12/08. The claimant sustained a lifting injury to her back while working for [redacted]. In his PR-2 report dated 2/3/14, provider diagnosed the claimant with: (1) Cervical Herniated nucleus pulposus (HNP); and (2) Lumbar HNP.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatric evaluation: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398-404.

Decision rationale: The ACOEM guideline regarding referrals will be used as reference for this case. Based on the review of the limited medical records, the claimant continues to experience back pain since her injury in September 2008. In his most recent PR-2 report dated 2/3/4, states that "[Patient] pt still has cont. pain in neck/lumbar." Although pain issues were indicated, there was no indication of psychiatric symptoms for which a psychiatric evaluation was requested. It is unclear from the submitted documentation why a psychiatric evaluation was recommended or

thought to be needed. Without sufficient evidence to substantiate the request, the request for a psychiatric evaluation is not medically necessary.