

Case Number:	CM14-0029023		
Date Assigned:	06/20/2014	Date of Injury:	06/07/2013
Decision Date:	11/19/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	03/07/2014

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 56 year-old female (██████████) with a date of injury of 6/7/13. The claimant sustained injury to her neck and back when she was trying to repair /re-set electrical contact poles that came off of the wires while working as a transit operator/ trolley and bus driver for the (██████████). In the PR-2 report dated 1/10/14, ██████████ diagnosed the claimant with: (1) Cervical/CADS injury; (2) Thoracic sprain/strain; and (3) Cericothoracic sublux. Additionally, in the SOAP note dated 2/5/14, ██████████ diagnosed the claimant with: (1) Displacement of cervical intervertebral disc without myelopathy; (2) Cervicalgia; and (3) Lumbago. The claimant has been treated with medications, physical therapy, TENS unit, and chiropractic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with Psychology Specialist per report dated 01/30/2014, QTY: 1.00:
Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluation pp 100.1.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment, Psychological evaluations Page(s): 101-102, 100-101.

Decision rationale: The CA MTUS guidelines regarding the use of psychological treatments and psychological evaluations will be used as reference for this case. Based on the review of the medical records, the claimant has continued to experience chronic pain since her injury in June 2013 and has developed some psychiatric symptoms per [REDACTED] PR-2 report dated 1/10/14 and included documentation. In that report, [REDACTED] notes that the claimant "is having increased symptoms due to pain and stress over the holidays without any treatment or therapy." He recommended both stress management and pain management services. On the "Request for Evaluation by Psychological and/or Psychiatric Specialist" form that accompanied the PR-2 report, [REDACTED] endorsed symptoms involving anxiety, sadness, anger, difficulty sleeping, impaired memory/concentration, and depression. In response to the request, a letter from Intercare dated 1/27/14, denied the request explaining that the claimant's psych claim was denied in August 2013. Despite Intercare's denial, the claimant appears to be in need of a psychological evaluation. The CA MTUS states, "Step 2: Identify patients who continue to experience pain and disability after the usual time of recovery. At this point a consultation with a psychologist allows for screening, assessment of goals, and further treatment options, including brief individual or group therapy." Further, psychological evaluations are "recommended" in order to provide more specific diagnostic information and offer appropriate treatment recommendations. As a result, the request for "Consultation with Psychology Specialist per report dated 01/30/2014, QTY: 1.00" is medically necessary.