

Case Number:	CM14-0030340		
Date Assigned:	06/20/2014	Date of Injury:	04/07/2010
Decision Date:	12/30/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/11/2014

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 51 year-old female with a date of injury of 4/7/10. The claimant sustained injury to her neck and back as the result of trying to drive without the power steering while working as a bus operator for [REDACTED]. In addition to the orthopedic injuries, the claimant developed psychiatric symptoms secondary to her chronic pain. In his "Initial Psychological Evaluation" dated 8/13/13, [REDACTED] diagnosed the claimant with: (1) Major depressive disorder, single episode, moderate; (2) Anxiety disorder, NOS; (3) Sleep disorder due to a medical condition; (4) Sexual dysfunction; (5) Pain disorder; and (6) Partner relational problem (industrial related). The request under review is for a referral to a psychologist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to a Psychologist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Independent Medical Examinations and Consultations, Chapter 7, page 127.

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

Decision rationale: The CA MTUS guideline regarding the use of psychological evaluations in the treatment of chronic pain will be used as reference for this case. Based on the review of the very limited medical records, the claimant sustained injury in 2010 and continues to experience chronic pain. The request under review is for a consultation/referral to a psychologist. However, the claimant was evaluated by a psychologist, in August 2013. In that report, the treating physician recommended that the claimant be provided with cognitive-behavioral psychotherapy treatment as well as participation in a psycho-educational group. He also recommended that the claimant complete biofeedback sessions. It is unclear whether the claimant received any follow-up services as there are no additional notes offered for review. Given the fact that the claimant already completed a psychological evaluation, the request for a "Referral to a Psychologist" is not medically necessary.