

Case Number:	CM14-0035080		
Date Assigned:	06/23/2014	Date of Injury:	07/24/2007
Decision Date:	11/17/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	03/21/2014

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 Psychologist and is licensed to practice in Texas. 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 injured worker is a 45-year-old female who reported an injury on 07/24/2007. The mechanism of injury is not provided. On 07/07/2014, the injured worker presented with pain in the right cubital tunnel and medial epicondyle. The injured worker appears in moderate pain and depressed and tearful. Upon examination of the neck there was tenderness noted to palpation and decreased range of motion. Examination of the right shoulder noted moderate tenderness to palpation, and limited range of motion. There was weakness noted in the muscles of the right rotator cuff and tenderness noted over the right acromioclavicular joint. Her diagnoses were sprain of unspecified site of the shoulder and upper arm, brachial plexitis or radiculitis not otherwise specified, cervical radiculitis, and radicular syndrome. The provider recommended referral for consultation with a psychologist, the provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral for Consult with a Psychologist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23-25. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Cognitive Behavioral Therapy (CBT) Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ODG Cognitive Behavior Therapy Guidelines for Chronic Pain Page(s): 23.

Decision rationale: The request for referral for consult with a psychologist per 1/13/14 report is not medically necessary. The California MTUS Guidelines recommend a psychologist's referral after a 4-week lack of progress from physical medicine alone. An initial trial of 3 to 4 visits over 2 weeks would be recommended and with evidence of objective functional improvement a total of up to 6 to 10, visits over 5 to 6 weeks would be recommended. The requesting physician did not include an adequate psychological assessment including quantifiable data in order to demonstrate significant deficits, which would require therapy as well as establish a baseline by which to assess improvements during therapy. As such, medical necessity has not been established.