

Case Number:	CM14-0043054		
Date Assigned:	07/11/2014	Date of Injury:	05/19/2007
Decision Date:	08/15/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	04/09/2014

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 Psychiatry and is licensed to practice in Illinois and Wisconsin. 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:

This is a 52 year old male who was injured in May of 2007. Apparently, he has had ongoing abdominal complaints related to medications used to treat his injury. Evidently the patient tested positive for H Pylori. He has also had complaints of anxiety, depression and stress related to his injury for which counseling and antidepressants have been recommended. The provider who is an orthopedist has requested coverage for a pain psychology consultation as well as ongoing visits with [REDACTED] who is a PCP. The request has been denied. This is an independent review of medical necessity for a pain psychology consultation as well as ongoing follow-ups with [REDACTED] for abdominal pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Psychology consultation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100-101. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Mental Stress Chapter and Pain Chapter. ACOEM 2008: Chronic pain chapter, pages 224-226 and Chapter 6, pages 115, 117.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2- Pain Interventions and Treatments Page(s): 23 and 100.

Decision rationale: The report from 11/27/2013 indicates issues with depression. The above referenced guidelines indicate psychological evaluations and behavioral interventions as being indicated for chronic pain conditions. The request for psychological consultation therefore appears to be medically necessary according to the evidence based State of California MTUS.

Ongoing follow ups with [REDACTED] for abdominal pain: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines H. Pylori. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Nationally Recognized Professional Standards, Generally Accepted Standards of Medical Practice.

Decision rationale: At the time of the visit in November, the patient was noted to have continued abdominal complaints. Addressing these complaints was beyond to purvey of the treating specialist who was an orthopedic surgeon and ongoing evaluation. The writer was unable to find any guidelines or peer reviewed articles and ACOEM, MTUS and ODG are silent in this regard. Treatment with a primary care physician appears to have been appropriate for addressing issues connected with the patient's abdominal pain.
