

Case Number:	CM14-0045067		
Date Assigned:	07/02/2014	Date of Injury:	03/02/2014
Decision Date:	10/01/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/14/2014

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 Utah. 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 57 year old male with a 3/2/14 date of injury to his knee, ankle, and low back after a motor vehicle accident. The patient was seen on 3/7/14 for therapy where anger management was reviewed as well as biofeedback for pain as his accident was several days ago and he was given a diagnosis of post traumatic stress disorder. A mental status exam was not performed. He was again seen on 3/14/14 with complaints of 7/10 chest wall pain and had apparently failed his NSAIDS. Exam findings revealed tenderness of the chest wall, otherwise normal strength. He was placed off work from 4/8/14 to 4/29/14. His diagnosis is low back and right knee contusion, intercostal neuralgia, and left ankle joint pain. A computed tomography scan of the chest done on 3/4/14 was normal. Treatment to date: medications (NSAIDS, Norco, Dilaudid), therapy session. An adverse determination was made on 3/26/14 as there was no information regarding the patient's mental health status.

IMR ISSUES, DECISIONS AND RATIONALES

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

Behavioral medicine consult: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388.

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

Decision rationale: The California MTUS states that psychological evaluations are recommended and are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations. This patient had a recent motor vehicle accident and a therapy session with a diagnosis of post-traumatic stress disorder but there is no clear indication for additional sessions of behavioral management in the documentation provided. In addition, there is scant evidence of any adequate mental status exam or psychiatric diagnosis based on a documented mental status exam. Therefore, the request for a behavior medicine consult was not medically necessary.