

Case Number:	CM14-0047908		
Date Assigned:	07/02/2014	Date of Injury:	08/16/2013
Decision Date:	08/06/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	04/15/2014

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 35 year-old female with a date of injury of 8/16/13. The claimant sustained injuries to her lower back, right arm, and right hand when a 45 lb. box that she had lifted above shoulder level to stack began to fall and she caught it in her arms and lifted it back onto the stack of boxes. The claimant sustained these orthopedic injuries while working as a laborer for [REDACTED]. In his PR-2 report dated 4/9/14, [REDACTED] diagnosed the claimant with lumbar spondylosis with myelopathy, thoracic spondylosis without myelopathy, partial tear of rotator cuff tendon of the right shoulder, tendinitis/bursitis of the right hand/wrist and R/O carpal tunnel syndrome (median nerve entrapment at the right wrist). The claimant has received conservative treatment including medications, injection, acupuncture, physical therapy, and a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychosocial Factors Screening: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100-101.

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

Decision rationale: The California MTUS guidelines regarding the use of psychological treatment and psychological evaluations in the treatment of chronic pain will be used as references in this case. Based on the review of the medical records, the claimant continues to experience chronic pain despite receiving several conservative treatments and she has not participated in any psychological services on an industrial basis. In the California MTUS guideline regarding the use of psychological treatment for chronic pain, Step 2 suggests that the practitioner "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." In this matter, [REDACTED] is recommending psychosocial factors screening / psychological evaluation in order to rule out potential psychological factors that could be impairing the claimant's ability to improve. As a result, the request for a "Psychosocial Factors Screening" is reasonable and therefore, medically necessary.