

Case Number:	CM14-0050637		
Date Assigned:	06/25/2014	Date of Injury:	03/01/2014
Decision Date:	08/05/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	03/24/2014

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 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 54-year-old female who reported an injury on 03/01/2014 due to an unknown mechanism of injury. The injured worker complained of stress. On 03/07/2014, the physical examination revealed no suicidal ideation, no homicidal ideation, no auditory hallucinations, and no visual hallucinations. The injured worker has a diagnosis of acute stress. There is no documentation of any past treatment methods. A list of the current medications for the injured worker was not provided. The current treatment plan is for psychologist evaluation and treatment. The rationale and request for authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychologist evaluation and treatment: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398.

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

Decision rationale: The request for psychologist evaluation and treatment is not medically necessary. The injured worker has a history of acute stress. The California MTUS guidelines state that psychological evaluations are recommended. Psychological evaluations 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. Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. The request for both psychologist evaluation and treatment exceeds the recommended guidelines. The guidelines require that evaluations determine if further psychosocial interventions are needed. Therefore, requesting evaluation and treatment at the same time exceeds guideline recommendations, and is not medically supported. Given the above, the request for psychologist evaluation and treatment is not medically necessary.