MAXIMUS Federal Services

Case Number:	CM14-0059343		
Date Assigned:	07/09/2014	Date of Injury:	08/21/2013
Decision Date:	08/14/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	04/30/2014

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 34-year-old male who reported an injury on 08/21/2013 due to a motor vehicle accident. The injured worker also had complaint of pain in his neck and as well as his coccygeal. The injured worker reported that his left shoulder and arm and hand seemed to be better, as well as his ACL (Anterior Cruciate Ligament) injury. On physical examination dated 02/12/2014, on physical examination there was diffuse tenderness to palpation throughout the entirety of his right shoulder, elbow, wrist, and hand. The injured worker is able to stand and walk, but does so with the assistance of a cane. It injured worker's diagnoses were cervical superior endplate compression fractures C6 and T1; thoracic superior endplate compression fractures of T1, T3, T5, T6, and T7, with superior trabecular bone edema as well as a disc bulge protrusion measuring 2 mm to 3 mm at T1-2 and T2-3; right shoulder supraspinatus tendinosis with no obvious rotator cuff tear with degenerative changes of the greater tuberosity; left shoulder distal clavicle and acromion fracture with mild supraspinatus tendinosis with mild degenerative changes of the greater tuberosity; left-sided knee contusion with medial femoral condyle and medial tibial plateau, as well as medial patella facet joint, complete tear of the ACL, and in addition, there is a linear fissuring of the patella cartilage; right wrist contusion/sprain no obvious fracture, a small ganglion cyst along the dorsal scapholunate articulation measuring 5 mm; lumbar spondylosis L4-5 with moderate spinal stenosis; and rule out chronic regional pain syndrome upper right extremity. Diagnostic testing included MRI of the brain dated 09/27/2013 revealed mild paranasal sinus mucosal thickening. Impression was status post motor vehicle accident with head injury large scalp and forehead laceration and concussion, post-concussion syndrome, probable posttraumatic vestibular dysfunction, orthopedic issues are deferred. The injured worker's medications include Elavil 10 mg, Antivert 25 mg, Norco, tramadol, and Naprosyn. The injured worker had an initial pain evaluation dated on 03/27/2014. The injured

worker complained primarily of pain to the right shoulder, elbow, arm, and hand. The injured worker's complaint at that time of pain evaluation was pain in the cervical spine with pain radiating through the shoulders bilaterally, extending to his arms and fingers with frequent headaches and tingling in the shoulders. The Request for Authorization Form dated 04/04/2014 was submitted with documentation for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home psychological evaluation by a qualified nurse: Upheld

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 Evaluation Page(s): 102.

Decision rationale: The California MTUS states that psychological evaluations are recommended. Psychological evaluations are generally accepted, well established diagnostic procedures, not only with selective use in pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are pre-existing, aggravated by the current injury, or work related. Psychological evaluations should determine if further psychosocial interventions are indicated. The documentation provided failed to indicate the injured worker had evidence of active psychological symptoms and there is a lack of rationale for the need for a psychological nurse. The request for psychological evaluation by a qualified nurse is not supported per the guidelines. As such, the request of Home psychological evaluation by a qualified nurse is not medically necessary and appropriate.