

Case Number:	CM14-0059478		
Date Assigned:	07/09/2014	Date of Injury:	04/06/2013
Decision Date:	09/05/2014	UR Denial Date:	03/25/2014
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 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:

According to the records provided for this independent review, this patient is a 56-year-old female who reported an industrial/occupational work-related injury on April 6, 2013. The injury reportedly occurred during her normal and usual work duties as a housekeeper for Hyatt Palm Springs Hotel. She was walking and holding three sets of king-size sheets when she walked into a door frame and felt immediate pain in her right elbow that extended into her right shoulder. She reports constant severe pain in her right shoulder, frequent pain in the right elbow and wrist, and intermittent slight pain in her cervical spine with spasms and limited range of motion. There is also pain in her wrists and hands. She notified her supervisor of the problem and was sent to the emergency room and returned to work with a temporary modification of duties. However, her employer was unable to accommodate the restrictions so she decided to go ahead and work her regular duties. She reported that subsequently she had been experiencing stress due to her coworkers bullying her and was written up several times for her performance at work. The pain increased and a few days later on April 23, 2013 the patient stated that she was on her way to work when she had a panic attack and needed to go to an urgent care. A request was made for psychosocial factors screening because the patient has shown problems beyond the anticipated time of healing and to evaluate psychosocial barriers to recovery. The request was not approved; the utilization review rationale for non-certification was stated as: "the record review did not reveal evidence of depression, anxiety or other behavioral issues that were delaying recovery. No indications of behavioral dysfunction are noted in the record review to support the request at this time." This independent medical review will address a request to overturn that decision.

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 Part Two: Behavioral Interventions, Psychological Evaluation Page(s): 100-101.

Decision rationale: I did a careful and thorough review of the patient's medical chart and found that the primary treating physician's rationale for requesting psychosocial evaluation is appropriate and appears to be medically necessary. There is delayed recovery and anxiety/panic attack resulting from the patient's industrial work injury. These are enough to warrant further evaluation, especially given that it appears that they run on out of other conservative treatment modalities and that surgery is not a consideration at this time. According to the MTUS Guidelines for Psychological Evaluations, they are considered to be generally accepted well-established diagnostic procedures not only with selected use in pain problems, but more widespread use in chronic pain populations. A report from her provider dated March 2014, specifies that the request for a psychosocial factor screening is based on the fact that beyond the anticipated time of healing and therefore they are required to evaluate psychosocial barriers to treatment. The finding of this independent medical review is that the requested treatment is reasonable and appears to be in accordance with MTUS Guidelines. Therefore, the request is medically necessary.