

Case Number:	CM14-0060629		
Date Assigned:	07/09/2014	Date of Injury:	03/28/2014
Decision Date:	09/10/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/01/2014

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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Tennessee. 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 56-year-old male with a 3/28/14 date of injury. The mechanism of injury was not noted. According to a progress report dated 4/18/14, the patient complained of stress, with the primary presenting symptom being anxiety. He stated that it was mild and intermittent. His symptoms were exacerbated by working in his current office and his symptoms were lessened by avoiding the environment. Objective findings show that he is alert and oriented to person, place, time, has abnormal moods when at work, appears anxious, denies insomnia, has no complaints of loss of energy, no abnormal thought content, and the patient's behavior is not uncooperative, distant, or hostile. Diagnostic impression is situational anxiety and acute stress disorder. Treatment to date has been activity modification. A Utilization Review decision dated 4/24/14 denied the request for psychologist referral. The patient reported anxiety in the presence of a co-worker. The patient's place of employment was looking for a new position so the two workers did not engage, and there was an expected maximal medical improvement date of 4/30/14. There was no other subjective or objective findings that would warrant any further evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Referral to psychologist (within MPN) between 4/21/2014 and 6/5/2014.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.23 Clinical Topics. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6 - Independent Medical Examinations and Consultations (page(s) 127, 156) Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: CA 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. However, it is unclear why the provider is requesting the psychological evaluation. There is no documentation of a specific clinical reason for a psychological evaluation. Therefore, the request for 1 referral to psychologist (within MPN) between 4/21/2014 and 6/5/2014 was not medically necessary.