

Case Number:	CM14-0061874		
Date Assigned:	07/09/2014	Date of Injury:	07/11/2011
Decision Date:	08/25/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/03/2014

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 Psychiatry 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 injured worker is a 42 year old male with date of injury 7/11/2011. Date of the UR decision was 4/21/2014. Mechanism of injury was by being struck by a flatbed tow truck while he was walking through a construction site. He noted immediate onset of pain in his low back with radiation down the left lower extremity. He underwent physical therapy, acupuncture and lumbar epidural steroid injections for the treatment of pain. He was diagnosed with failed back syndrome per report dated 11/19/2013. He started experiencing psychological distress secondary to the consequences of the physical injury in 8/2012. Treatment plan suggested in the report from 4/2/2014 included consult to Psych for headache, anxiety and depression. Psychological evaluation was done on 12/11/2013 which included MMPI-2, GAD-7, Pain Patient Profile, WPSI, Sentence Completion Test, SCL-90-R. The testing results indicated moderately subjective levels of depression and moderate levels of subjective anxiety. The injured worker was diagnosed with Adjustment disorder with depressed mood and Pain disorder associated with Psychological factors and General Medical Condition.

IMR ISSUES, DECISIONS AND RATIONALES

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

Re-evaluation of exacerbation of symptoms that include an office visit, consultation, prolong direct visit, face-to face time, testing 7 units and a special report: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Mental and Stress < Psychological evaluations.

Decision rationale: The injured worker underwent Psychological evaluation on 12/11/2013 which consisted of various tests including MMPI-2, GAD-7, Pain Patient Profile, WPSI, Sentence Completion Test, SCL-90-R. The testing results indicated moderate levels of subjective depression, moderate levels of subjective anxiety. ODG states 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 subacute and 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 injured worker underwent Psychological evaluation on 12/11/2013 which consisted of various tests including MMPI-2, GAD-7, Pain Patient Profile, WPSI, Sentence Completion Test, SCL-90-R. The testing results indicated moderately subjective levels of subjective depression, moderate levels of subjective anxiety. The request for "Re-evaluation of exacerbation of symptoms that include an office visit, consultation, prolong direct visit, face-to face time, testing 7 units and a special report" is not medically necessary at this time as the injured worker underwent a complete Psychological Evaluation about 6 months back i.e. 12/11/2013 and there has been no significant change in his Psychological symptoms since then.