

Case Number:	CM14-0068612		
Date Assigned:	07/14/2014	Date of Injury:	10/04/2013
Decision Date:	10/01/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	05/13/2014

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 Family Medicine 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 52 year old male whose date of injury is 10/04/2013. The injured worker crawled under a truck to re-install a drive line. As the injured worker exited out from under the vehicle, he bumped his head on the frame rail. Diagnoses are cervical disc herniation with myelopathy, cervical cranial syndrome and post concussion syndrome. The most recent clinical documentation submitted for review is dated 03/19/14. The injured worker complains of cervical spine pain and headache.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychosocial factor screening: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations and Chronic pain programs (functional re.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluation Page(s): 100-101.

Decision rationale: Based on the clinical information provided, the request for psychosocial factor screening is not considered as medically necessary. There is insufficient clinical information provided to support this request. There is no clear rationale provided to support the requested screening at this time. The most recent clinical documentation submitted for review is

from March 2014. There is no current assessment submitted for review and there is no indication that the injured worker presents with psychological issues which have impeded his progress in treatment completed to date. Therefore, medical necessity cannot be established in accordance with CA MTUS guidelines.