

Case Number:	CM14-0081538		
Date Assigned:	07/18/2014	Date of Injury:	08/14/2012
Decision Date:	08/25/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/02/2014

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 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:

The claimant is a 53 year-old male (██████████) with a date of injury of 8/14/12. The claimant sustained injuries to his neck and back when he was walking up a ladder and while looking up, felt pain in his neck that radiated down his shoulders to his back. The claimant sustained this injury while working for ██████████. In his 6/26/14 Primary Treating Physician's Progress Report, ██████████ diagnosed the claimant with: (1) Neck pain; (2) Thoracic spine pain; (3) Left upper extremity pain; and (4) Left shoulder pain. The claimant has been treated via chiropractic care, medications, and physical therapy. It is also reported that the claimant as developed psychiatric symptoms of depression and anxiety secondary to his work-related orthopedic injuries. According to medical reports, the claimant has not received any psychological services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Full Psychological Evaluation with Full Testing: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment ,Psychological evaluations Page(s): 101-102,100-101.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) guidelines regarding the use of psychological treatment and psychological evaluations will be used as references in this case. Based on the review of the medical records, the claimant has continued to experience chronic pain since his injury in August 2012. He also has developed symptoms of depression and anxiety. In his 6/26/14 Primary Treating Physician's Progress Report, [REDACTED] wrote, he has continued to have some depression/anxiety secondary to his chronic pain. He states he feels anxious and desperate. Despite these symptoms, the claimant has not received any psychological services. The request for a Full Psychological Evaluation with Full Testing is not only reasonable, but medically necessary.