

Case Number:	CM14-0088790		
Date Assigned:	07/23/2014	Date of Injury:	05/26/2011
Decision Date:	09/08/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/12/2014

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 are provided for this independent review, this 24-year-old female patient reported an occupational/industrial injury on May 26, 2011 that occurred while she was bending over at the waist to remove foot pegs from a wheelchair and that as she stood up she felt a sudden onset of low back pain related to twisting at the torso. Her job description was listed as CNA/RNA elder care nursing assistant. She complains of low back pain radiating into the lower extremities with numbness in the right and left legs, the pain radiates from her low back down to the buttocks and then just past her knees. Activities that require bending at the waist for example putting on shoes, walking on uneven surfaces, and activities of daily living, or going to the bathroom create pain. She reports leg numbness down both legs. Medically, she has been diagnosed with low back pain and narcotic dependency. She has been diagnosed with Depressive Disorder, not otherwise specified, but is doing well on Cymbalta, and her treating physician requesting a psychological consultation. The patient is forcing herself to get out of bed every day and get dressed since starting the Cymbalta and is awaiting the psychological consult. Additional psychological notes specify that the patient has had increased depression and would like to try to increase her Cymbalta to 60 mg but is concerned about weight loss which could be a side effect. A request was made for a psychological consult, the request was not approved, and the utilization review rationale for non-certification was stated as: the consultation was originally authorized for October 18, 2013-December 15, 2013 and expired unused because the patient was unable to schedule the appointment during that timeframe. No explanation was given why the patient did not schedule and complete the appointment and no information was given what has changed now. In addition there is no current clinical report and that the efficacy of Cymbalta was not addressed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychologist consult: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100-101.

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

Decision rationale: I have carefully reviewed all of the medical records as they were provided to me. The medical records indicate that the patient is suffering from depression and loss of function, with delayed. There are significant limitations in her activities of daily living and opiate dependence (attributed to industrial injury). The utilization review rationale for non-certification was that the original request for psychological consultation was approved but it expired, and that there was not enough updated information to warrant its being renewed. I disagree with this assessment of the situation. A psychological consultation is a reasonable and indicated as being medically necessary given her delayed recovery, psychological symptoms, and that the reason that was provided by utilization review was insufficient cause to deny this patient treatment that may be beneficial to her. According to the MTUS guidelines psychological evaluations are recommended. They 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. Psychological evaluations should determine if further psychosocial interventions are indicated and can provide clinicians with a better understanding of the patient in their social environment thus allowing for more effective rehabilitation. It appears that surgical interventions are not being recommended for this patient at this time and thus conservative treatment modalities are appropriate option. Therefore, this request is medically necessary.