

Case Number:	CM14-0095301		
Date Assigned:	07/25/2014	Date of Injury:	08/23/2009
Decision Date:	08/28/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/23/2014

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 63 year-old male with a date of injury of 8/23/09. The claimant sustained injury to his back and left shoulder due to a motor vehicle accident while working for [REDACTED]. In his Panel Qualified Medical Re-Evaluation dated 5/22/14, [REDACTED] diagnosed the claimant with: (1) Status post motor vehicle accident with lft-side T-bone industrially related; (2) Left-sided thoracic contusion and sprain, resolved; (3) Musculoligamentous cervical sprain; (4) Cervical herniated disk C3-4; (5) Underlying mild degenerative disk disease C5-6, C6-7; (6) Status post anterior cervical discectomy and fusion C3-4; (7) Left shoulder strain with a traumatic impingement syndrome and bursitis; (8) Status post left shoulder scope buresctomy subacromial decompression and distal clavicle excision; (9) Chronicaly elevated right hemi-diaphragm and right lower lobe bleb; (10) Underlying COPD secondary to tobacco use; and (11) Acure right upper lobe pneumonia February 16, 2013, nonindustrially related.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psych Consultation: Upheld

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

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

Decision rationale: The CA MTUS guidelines regarding the use of psychological treatment and psychological evaluations in the treatment of chronic pain will be used as references for this case. Based on the review of the limited records submitted, the claimant has received conservative care and has continued to experience some continued chronic pain. There is no mention of any psychological issues or concerns within [REDACTED] 5/22/14 Panel Qualified Medical Re-Evaluation despite the fact that he wrote, This patient should be seen by a psychiatric or psychological Qualified Medical Evaluation with regard to issue of sleep and/or psychiatric problems that may be related to his industrial injury. Other than this statement, there is no supporting information to substantiate the need for a psychological consultation/evaluation. As a result, the request for a Psych Consultation is not medically necessary.