

Case Number:	CM13-0025738		
Date Assigned:	11/20/2013	Date of Injury:	12/04/2012
Decision Date:	09/29/2015	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/18/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Psychologist

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 48 year old female, who sustained an industrial injury on 12-4-2012. Diagnoses have included cervical strain, wrist sprain and strain, knee strain and shoulder, upper arm strain. Treatment to date was not documented. According to the progress report dated 2-26-2013, the injured worker complained of chronic, bilateral shoulder pain. She complained of chronic pain in the right knee. She complained of neck pain radiating to the shoulders and upper arms. She also had anxiety and depression. The injured worker was noted to be alert and oriented, in no acute distress and pleasant. She had left shoulder tenderness and pain. There was tenderness and pain in both knees. She had an appropriate mood and affect. Authorization was requested for psychological treatment and evaluation for depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) PSYCHOLOGICAL TREATMENT AND EVALUATION FOR DEPRESSION:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: Based on the review of the medical records, the injured worker continued to experience chronic pain since her injury in December 2012. In the progress report dated 2/26/13, treating physician, [REDACTED], indicated that the injured worker was anxious and depressed "again" and recommended psychological treatment. The request under review is based on this recommendation. Unfortunately, there was no other information presented to support a psychological evaluation or treatment. It is unclear as to the duration for which the injured worker has experienced these symptoms and whether she had received any prior psychological services. Without more information about the psychological symptoms, prior treatment, etc., the need for psychological treatment cannot be determined. As a result, the request for one psychological treatment and evaluation for depression is not medically necessary.