

Case Number:	CM14-0132055		
Date Assigned:	08/22/2014	Date of Injury:	07/25/2012
Decision Date:	01/28/2015	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/18/2014

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 a licensed Psychologist (PHD, PSYD) 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 (IW) is a 41 year-old female (██████████) with a work injury dated 07/25/2012. The injured worker sustained injury while working for ██████████. The mechanism of injury was not found within the medical records. On 06/26/2014, the IW presented to treating physician, ██████████, for follow up evaluation stating she has been experiencing progressively worsening cervical and lumbar spine pain. She states she is having significant difficulty sitting at her work station performing work and has missed at least two days of work per month over the last several months due to pain. The IW is also complaining of difficulty getting out of bed and spent most of her weekend lying down due to pain. The provider notes due to persistent pain that has been progressively worsening the IW is experiencing increased stress and is having difficulty coping. The injured worker had received the following studies: X-rays, MRI's and EMG. She has been evaluated by orthopedics, pain medicine and internal medicine. Treatments have included epidural steroid injections, physical therapy and chiropractic treatment, all of which the provider stated has helped the injured worker. She continued to work with work restrictions such as working at an ergonomic work station. Diagnoses include: (1) neck pain; (2) right shoulder pain; (3) right wrist and hand pain; (4) right thumb pain; (5) right sided rib pain; (6) lumbar spine and right hip pain; and (7) sleep deprivation. The provider recommended chiropractic treatment, physical therapy and follow up pain management along with a psychological evaluation and treatment. On 08/08/2014 Utilization Review issued a decision denying the request for a psychological evaluation stating: "At the same time psych consult is being pursued, at least 3 forms of therapeutic interventions are being requested at the same time and expectations would be that relief along a therapeutic avenue would obviate the need for psych consult." Guidelines cited were CA MTUS- ACOEM

OMPG Second Edition (2004) Chapter 7, page 127 - Consultation. The decision was appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psych evaluation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Second Ed., (2004), Chapter 7, page 127-Consultation

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

Decision rationale: The CA MTUS guideline 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 medical records, the injured worker continues to experience pain since her injury in July 2012. It appears that she has developed psychiatric symptoms of stress and anxiety secondary to her work-related orthopedic injuries, which is interfering with her ability to cope. The CA MTUS states, "Step 2: Identify patients who continue to experience pain and disability after the usual time of recovery. At this point a consultation with a psychologist allows for screening, assessment of goals, and further treatment options, including brief individual or group therapy." It also recommends the use of psychological evaluations and states, "Psychological evaluations 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. Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. The interpretations of the evaluation should provide clinicians with a better understanding of the patient in their social environment, thus allowing for more effective rehabilitation." Given [REDACTED] concerns and his recommendation, the request for a psychological evaluation appears reasonable. As a result, the request for a "Psych evaluation" is medically necessary.