

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0145599 | | |
| Date Assigned: | 09/18/2014 | Date of Injury: | 08/25/2011 |
| Decision Date: | 04/22/2015 | UR Denial Date: | 08/28/2014 |
| Priority: | Standard | Application Received: | 09/08/2014 |

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. 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 59 year old female, who sustained an industrial injury on 08/25/2011. Initial complaints reported included inability to get out of a chair. The injured worker was diagnosed as having lumbar strain/sprain. Treatment to date has included conservative care, medications, acupuncture, physical therapy, functional restoration program, and electrical stimulation. At the time of the request for authorization, the injured worker complained of ongoing severe back pain with radiation all over, and associated numbness, weakness, bowel and bladder dysfunction, nausea, vomiting and headaches. Diagnoses included lumbar spine strain/sprain, myofascial pain/myositis, sciatica, and sacroiliac ligament strain/sprain. The injured worker reported 20-4-% relief with acupuncture, physical therapy and electrical stimulation, and 40-60% relief from use of medications. The treatment plan consisted of pain management second opinion consultation, psychiatric consultation, and psychological consultation, and continued medications with the discontinuation of Biofreeze gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychology consult: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100-101. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG).

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

Decision rationale: Based on the review of the medical records, the injured worker has continued to experience chronic pain since her injury. It appears that she had been receiving psychiatric medication management services from [REDACTED] for a stated mood disorder. In his 8/11/14 visit note for which the request under review is based, treating physician, [REDACTED], recommended a psychological consultation. However, there is very little information within the report to substantiate the request. The injured worker's mood and affect are indicated as "appropriate" and there is no mention of any observable symptoms of depression. Without enough information to support and substantiate the request for a psychological evaluation, the request is not medically necessary.