

Case Number:	CM14-0192273		
Date Assigned:	01/08/2015	Date of Injury:	08/17/2012
Decision Date:	02/28/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/17/2014

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, Arizona, Maryland
Certification(s)/Specialty: Psychiatry

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Injured worker is a 55 year old female with date of injury 8/17/2012. Date of the UR decision was 10/24/2014. The injured worker suffered from respiratory difficulty secondary to mold and asbestos exposure. Per progress report dated 08/14/14, the injured worker complained of respiratory difficulties and stress. The treating provider recommended Valium 5 mg #60, evaluation with a pulmonologist due to asthma, psychological evaluation to address the symptoms of stress, qualitative drug screen, and to continue home exercise program. It was suggested that the she was doing full work duty and would follow-up in 4-6 weeks. Per report dated 9/23/2014, she complained of aches, pains, persisting breathing problems, chest pain, depression, anxiety and sleeplessness. It was indicated that a MTUS Psychological Pain Evaluation was completed that day and various Psychological testing scales were administered per the report.cal testing scales were administered per the report.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychosocial Evaluation with Treatment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM page 127

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398.

Decision rationale: ACOEM guidelines page 398 states:"Specialty referral may be necessary when patients have significant psychopathology or serious medical co morbidities" The submitted documentation indicates that a MTUS Psychological Pain Evaluation was completed that day and various Psychological testing scales were administered on 9/23/2014. Thus the request for another Psychosocial Evaluation with Treatment is excessive and not medically necessary at this time.