

Case Number:	CM14-0192295		
Date Assigned:	11/26/2014	Date of Injury:	05/14/2012
Decision Date:	01/12/2015	UR Denial Date:	11/05/2014
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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine 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 is a 55 year-old female with an original date of injury on 5/14/2012. The mechanism of injury was not provided. The industrially related diagnoses are cervicalgia, bilateral upper extremity repetitive injury, bilateral lateral epicondylitis, and bilateral shoulders sprain. The patient has been taking Diclofenac 100mg, omeprazole 20mg, and Docuprene 100mg. To date, the patient has had physical therapy, injection in the left elbow, ice, rest, and 8 sessions of acupuncture with partial improvement of her symptoms. The disputed issue is the request for a psychology consult. A utilization review dated 11/5/2014 has non-certified this request. The stated rationale for denial was the CA MTUS guidelines state that a psychological consult should be considered if there is evidence of depression, anxiety, or irritability. Within the documents provided, there are no signs of depression, anxiety, or irritability. Therefore, this request not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychology Consultation: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psych consult Page(s): 78.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental

Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines,
Independent Medical Examinations and Consultations Chapter, Page 127

Decision rationale: Within the provided documentation, a progress note from date of service 9/23/2014 stated patient has complaints of depression, anxiety, and sleep disturbances that are outside the treating physician's expertise, therefore, a psychology consult was placed to assist with the evaluation of these diagnoses. The physician also states her prognosis is grim, and she has reached permanent stationary status. In the case of this injured worker with documented depression and anxiety, a psychology consult is necessary and may help her cope with her chronic conditions.