

Case Number:	CM14-0195735		
Date Assigned:	12/03/2014	Date of Injury:	08/12/2011
Decision Date:	01/15/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/21/2014

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 & Rehabilitation, and is licensed to practice in Illinois. 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 59-year-old female who reported an injury on 08/12/2011. The mechanism of injury was a fall. Her diagnoses include cervical disc disease, cervical radiculopathy, cervical facet syndrome, left shoulder rotator cuff tear, and left middle finger sprain/strain. Her past treatments included acupuncture, medications, and a cortisone injection to the left shoulder. Diagnostic studies included MRI, EMG, NCV, a nocturnal polysomnography, and a cardiorespiratory diagnostic test. The physician's notes from 11/10/2014 are highly illegible. What can be deciphered is the injured worker had complaints of insomnia and fatigue with a pain rating on the VAS as 5/10. The physical examination showed decreased range of motion to the cervical spine with spasms. The left shoulder showed a positive impingement. Her medications included Prilosec, Tramadol, Mentherm topical cream, and Naproxen. The treatment plan included chiropractic therapy, acupuncture, medicated creams and prescriptions, and a psychological evaluation. A physician progress note dated 07/21/2014 did indicate that they were seeking authorization for a psychological consultation for the injured worker's psychological issues per the recommendations of [REDACTED]. The rationale for the request for a psych consult was not provided. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psyche consult: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for a psych consult is not medically necessary. The California Medical Treatment Utilization Schedule recommends psychological evaluations which are well established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations. While the injured worker did indicate pain, there are no indications for the necessity for a psychological exam within the last physician note as the note was highly illegible. There was mention of the need for psychological exam on a prior physician note dated 07/21/2014. As such, the request for psych consult is not medically necessary.