MAXIMUS Federal Services

Case Number:	CM14-0201430		
Date Assigned:	04/07/2015	Date of Injury:	01/23/2014
Decision Date:	05/07/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	12/01/2014

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: Physical Medicine & Rehabilitation

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 44 year old female, who sustained an industrial injury on 01/23/2014. She has reported subsequent neck and back pain and was diagnosed with cervical spondylosis and lumbar, thoracic and neck sprain. Treatment to date has included oral pain medication, physical therapy, a home exercise program and chiropractic care. In a progress note dated 10/23/2014, the injured worker complained of severe headaches and neck pain rated as 6/10. Objective findings were notable for limited range of motion of the neck, severe tenderness with pressure over the facet processes of the right cervical spine and minimal spasm. The injured worker was noted to be emotional and crying and to seem depressed. The physician noted that a referral to a pain psychologist for evaluation and treatment of her depression and pain related anxiety was being made.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consult: Evaluation and Treatment with Pain Psychologist: Overturned

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 based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch: 7 page 127.

Decision rationale: The patient was injured on 01/23/2014 and presents with lower back pain. The request is for a Consult Evaluation and Treatment with Pain Psychologist. The utilization review denial rationale is that "the patient should proceed with initial evaluation. Further treatment can be considered based upon the consultation/evaluation recommendations". The RFA is dated 10/24/2015. According to the 10/23/2014 report, the patient "missed working last Thursday and states that she does not feel that she is able to work today". ACOEM Practice Guidelines second edition (2004) page 127 has the following: "Occupational health practitioner may refer to other specialists if the diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise". MTUS Chronic Pain Medical Treatment Guidelines page 100-101 for psychological evaluations, states that these are recommended for chronic pain problems. She has intermittent pain in her left pelvis, left leg, left foot, and left arm as well as pain in her cervical, thoracic, and lumbar spine. She has throbbing in the medial aspect of her left thigh which has been waking her up at night and has been getting muscle spasms in the left gluteal area. The patient also has depression and pain-related anxiety. Given that the patient presents with depression/anxiety, a consultation with a pain psychologist appears medically reasonable. Therefore, the requested consult evaluation and treatment with pain psychologist is medically necessary.