

Case Number:	CM14-0204056		
Date Assigned:	12/16/2014	Date of Injury:	06/19/2013
Decision Date:	02/10/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/05/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back and foot pain reportedly associated with an industrial injury of June 19, 2013. In a Utilization Review Report dated November 13, 2014, the claims administrator failed to approve a request for psychological evaluation. The claims administrator referenced a historical utilization review reports and progress notes of October 13, 2014, October 10, 2014, and October 6, 2014, in its determination. The claims administrator suggested that the attending provider had failed to outline the presence of any bona fide psychological or psychological issues which would compel the evaluation at issue. The applicant's attorney subsequently appealed. In a July 14, 2014 progress note, the applicant reported persistent complaints of low back pain. The applicant also reported ancillary complaints of bruxism. The applicant was placed off of work. The applicant had a variety of financial issues, had trouble interacting with friends and family, and could help out with household chores, it was suggested. On August 11, 2014, the applicant was again placed off of work. His ability to do activities of daily living was reportedly worsened. The treating providers noted that the applicant had issues with depression, irritability, difficulty interacting with friends and family members, and various other mental health constraints, including financial stress. The applicant was kept off of work while new lumbar MRI was sought. On October 6, 2014, psychological evaluation, internal medicine evaluation, dental reevaluation, and lumbar MRI were sought while the applicant was kept off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psych eval: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388.

Decision rationale: As noted in the MTUS Guideline in ACOEM Chapter 15, page 388, referral to a mental health professional is indicated in applicants whose symptoms become disabling despite primary care intervention, and/or persists beyond three months. Here, the applicant has a variety of mental health issues, including depression, malaise, difficulty interacting with family members, financial issues, bruxism, etc. Obtaining the added expertise of a psychologist/psychiatrist to further evaluate the same is, thus, indicated here. Therefore, the request is medically necessary.