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| Case Number: | CM14-0204743 | | |
| Date Assigned: | 12/17/2014 | Date of Injury: | 08/01/2012 |
| Decision Date: | 02/11/2015 | UR Denial Date: | 12/03/2014 |
| Priority: | Standard | Application Received: | 12/08/2014 |

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 licensed in Psychologist (PHD, PSYD) 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 35 year-old female [REDACTED] with a date of injury of 8/1/2012. The injured worker sustained injury to her back while working for [REDACTED]. The mechanism of injury was not found within the medical records. In his 11/5/14 PR-2 report, [REDACTED] offered the following assessment: (1) Status post L5-S1 global arthrodesis for a L5-S1 disc herniation, interspace, collapse, modic changes, desiccation, retrolisthesis, foraminal lateral recess stenosis, and axial back pain with radiculopathy; and (2) Urosepsis infection with left hydronephrosis and hydroureter-Nephrology following. He recommended a psychological evaluation as well as a referral for pain management. The referral for pain management was certified however, the request for a psychological evaluation was not as indicated in [REDACTED] "Modification Recommendation" and "Claims Eval", both dated 12/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychological evaluation for evaluation and treatment of depression/anxiety.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100-101.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment, Psychological evaluations Page(s): 101-102, 100-101.

Decision rationale: In their 11/5/14 PR-2 report recommended a psychological evaluation due to depression/anxiety. Despite this recommendation, there were no symptoms noted nor anything regarding the injured worker's psychological functioning in their report. Without any documentation regarding the injured worker's symptoms as well as how they are interfering with functioning, the need for a psychological evaluation cannot be fully determined. As a result of insufficient supporting documentation, the request for a "Psychological evaluation for evaluation and treatment of depression/anxiety" is not medically necessary.

Pain management referral for pain medication management and a weaning schedule.:
Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress.

Decision rationale: According to [REDACTED] "Modification Recommendation" and their "Claims Eval", both dated 12/03/2012, the injured worker received certification for this request. As a result, the request for "Pain management referral for pain medication management and a weaning schedule" is medically necessary.