

Case Number:	CM14-0208621		
Date Assigned:	12/22/2014	Date of Injury:	10/05/2008
Decision Date:	02/25/2015	UR Denial Date:	11/28/2014
Priority:	Standard	Application Received:	12/12/2014

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, Arizona, Maryland
Certification(s)/Specialty: Psychiatry

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Injure worker is a 54 year old female with date of injury 10/5/2006. Date of the UR decision was 5/15/2014. She suffered injury to her thoracic spine, lumbar spine, left upper extremity and neck resulting in chronic pain. Per report dated 6/12/2014, the injured worker presented with subjective complaints of being very emotional and crying due to being mistreated at the hospital. She was diagnosed with Lumbar radiculopathy and cervical strain. It was indicated that she had received Psychiatry and physical therapy treatment on her own. The treating provider recommended Neurology consult, epidural left spine x 2, physical therapy twice weekly for 6 weeks and a Psychiatry consult. The submitted documentation indicates that a psych evaluation was approved on 7/8/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychological evaluation and treatment: Upheld

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

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

Decision rationale: Chronic Pain Medical Treatment Guidelines states that "Psychological treatment is recommended for appropriately identified patients during treatment of chronic pain". The request for Psychological evaluation and treatment is not medically necessary as the submitted documentation indicates that a psych evaluation was approved on 7/8/2014. There is also no available QME report that would associate the psychological injury to the industrial trauma. There is not documentation regarding mental status examination or any attempt to treat any psychological symptoms by the treating provider. The request also does not specify the type of Psychological treatment being requested or the number of sessions. Thus, the request is not medically necessary at this time.