

Case Number:	CM14-0209604		
Date Assigned:	12/22/2014	Date of Injury:	03/08/2011
Decision Date:	02/12/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/15/2014

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 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 37 year-old female () with a date of injury of 3/8/2011. The injured worker sustained injury to her back in the course of restraining a behaviorally difficult student and removing the student from a car while working as an instructional aide for the . She has been diagnosed with lumbar radiculitis; lumbar spine radiculopathy; lumbar spine stenosis; lumbar spine disc displacement. She has been treated with medications, injections, physical therapy, aquatic therapy, and acupuncture. It is also reported that the injured worker developed psychiatric symptoms secondary to her work-related orthopedic injury. In his psychiatric AME report dated 6/16/14, Dr. diagnosed the injured worker with "Persistent Depressive Disorder (formerly dysthymia) in fairly good remission, with episodes of depression throughout her life mixed with low level anxiety." The request under review is for a psychological consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation Psychological: Overturned

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

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

Decision rationale: The CA MTUS guideline regarding the use of psychological evaluations will be used as reference for this case. Based on the review of the medical records, the injured worker has continued to experience chronic pain since her injury in March 2011. It is also reported that she experiences psychological symptoms secondary to her work-related orthopedic injury. In his psychiatric AME report dated 6/16/14, Dr. [REDACTED] recommended "six to ten psychotherapy visits" which do not appear to have been completed. Given Dr. [REDACTED] recommendation as well as Dr. [REDACTED] request, the request for a "Consultation Psychological" appears reasonable and medically necessary.