

Case Number:	CM14-0212867		
Date Assigned:	12/30/2014	Date of Injury:	05/12/2004
Decision Date:	03/16/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/19/2014

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 45-year-old female who reported an injury on 05/12/2004. The mechanism of injury was not provided. Her diagnoses include left shoulder impingement, right shoulder pain, right wrist/hand pain, cervicothoracic strain, cervicogenic headaches, chest wall strain, secondary depression and insomnia, and lumbar strain. Past treatments were noted to include medications and psychological care. On 11/07/2014, it was noted the injured worker had bilateral shoulder pain, neck pain, and right hand and arm pain. It is indicated she had low back pain that radiated to her right lower extremity and headaches as well as sleep difficulty. Upon physical examination, it was noted the injured worker had decreased range of motion to her lumbar, cervical spine, and bilateral shoulders. Current medications were noted to include Zoloft, Lamictal, Wellbutrin, Soma, and morphine sulfate. Treatment plan was noted to include MRI, psychological care, medications, a home exercise program, and a urine drug screen. A request was received for psychological care consultation, as her previous doctor is no longer accepted Workers' Compensation patients. The Request for Authorization was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychological care consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress

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

Decision rationale: The request for psychological care consultation is medically necessary. According to the California MTUS Guidelines, psychological evaluations are recommended in order to determine a plan of care. Clinical documentation submitted for review indicated the injured worker had persistent pain despite previous modalities. It was also noted that she had previously had psychological care from a previous physician. Accordingly, the request is supported. As such, the request for psychological care consultation is medically necessary.