MAXIMUS Federal Services

Case Number:	CM14-0090592		
Date Assigned:	07/25/2014	Date of Injury:	08/26/2012
Decision Date:	01/05/2015	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/18/2013

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 Family 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:

This is a 62-year-old female patient who reported an industrial injury on 8/26/2012, over two years ago, attributed to the performance of her usual and customary job tasks. The patient complained of persistent left shoulder pain with shooting pain to the left arm. The patient has received extensive acupuncture treatment. The objective findings on examination were limited to the left shoulder tenderness and decreased painful range of motion. The patient was diagnosed with a chronic right C5, C6, and C7 radiculopathy along with severe right carpal tunnel syndrome. The treatment plan was for a psychological consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychological consultation x 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398,Chronic Pain Treatment Guidelines psychological evaluations Page(s): 100-101. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) mental stress chapter-psychological evaluation; pain chapter, behavioral interventions, psychological treatment American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) chapter 6 pages 115-117; chronic pain chapter revised 2008 pages 224-26

Decision rationale: The request for authorization of a consultation with a psychologist without a rationale or mental status to support medical necessity is not demonstrated to be medically necessary. The consultation is made for reported stress and depression related to the cited diagnoses. The patient was being treated for shoulder pain, a reported cervical radiculopathy, and right sided Carpal tunnel syndrome (CTS). It is not clear that the patient has exhausted the available treatment options. There was no demonstrated medical necessity for cognitive behavioral therapy (CBT) over two years after the date of injury. There is no documented physical examination with a mental status evaluation or any documented objective findings consistent with depression or anxiety. There is no demonstrated continued psychiatric industrial injury at this time. There is no rationale by the treating physician to support medical necessity for a consulation. The request for the psychiatric consultation is not supported by any objective evidence in the clinical documentation. The patient is 2 years s/p date of injury (DOI) with ongoing treatment for the upper extremity and cervical spine. The treating physician failed to document any ongoing objective signs of depression or anxiety in the objective findings on examination. There is no documented mental status examination and not documented depression associated with chronic pain issues. There was no rationale or nexus for the stated "symptoms" in relation to the mechanism of injury. There is no prior documentation of anxieties or depression for this patient and there is no rationale for the apparent change in mental status. The request for a consultation with a psychologist was not supported with objective evidence and is not demonstrated to be medically necessary.