

Case Number:	CM15-0008442		
Date Assigned:	01/23/2015	Date of Injury:	07/30/2013
Decision Date:	03/17/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/14/2015

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: Psychologist

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 was a 39 year old female, who sustained an industrial injury, July 30, 2013. The injury occurred after injured worker fell down 2 stairs hitting the ground. The injured worker's chief complaint was anxiety from lower back, left shoulder/arm, left forearm, left hip, right knee, left knee and right ankle/foot pain. The injured worker was diagnosed with chronic pain, lumbar strain/sprain, left shoulder strain and left hip strain. The injured worker had supportive treatment of physical therapy, pain medication, chiropractic services and pain management consultation. On December 16, 2014, the treating physician requested an initial psychological consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial Psych consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Based on the review of the medical records, the injured worker is struggling with chronic pain. It was noted in both the 11/11/14 and the 12/16/14 PR-2 reports that the injured worker was referred to [REDACTED] for anxiety and depression. Unfortunately, there is no other information related to the injured worker's psychiatric symptoms nor any rationale used as to why the injured worker requires a psychological evaluation. Although the CA MTUS recommends the use of psychological evaluations in the treatment of chronic pain and psychiatric disorders, there needs to be sufficient information to substantiate the request. Without supporting information, the need for a psychological evaluation cannot be fully determined. As a result, the request for an initial psych consultation is not medically necessary.