

Case Number:	CM15-0101777		
Date Assigned:	06/04/2015	Date of Injury:	06/28/1996
Decision Date:	07/07/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/27/2015

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 is a male, who sustained an industrial injury on 6/28/1996. He reported low back pain. The injured worker was diagnosed as having complex regional pain syndrome (CRPS). Treatment to date has included evaluations, medications. The request is for psychologist evaluation and 5 additional sessions. On 2/2/2015, he reported having a lot of neuropathic type pain in the right leg. He reported depressive type symptoms and was referred to a psychologist. On 3/2/2015, he had continued back pain after 2 back surgeries. The treatment plan included continuing MS Contin. On 3/23/2015, he reported not being suicidally depressed. He continued to report being depressed and on MS Contin for his back pain and CRPS. He appeared to have no evidence of gross agitation or psychomotor issues. The treatment plan included referral for psychology evaluation and treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychologist evaluation and 5 additional visits: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress Chapter, Cognitive therapy for depression.

Decision rationale: Based on the review of the medical records, the injured worker has been receiving psychotropic medication management services from psychiatrist, [REDACTED]. Although the UR determination letter indicated that the injured worker has received "extensive" psychological treatment in the past, no psychological/psychotherapy reports were included in the record. As a result, it is not known when the last services were completed. It appears that although the injured worker's injury occurred in 1996, he is experiencing an exacerbation in psychiatric symptoms according to [REDACTED]. Given the fact that [REDACTED] is a psychiatrist and he is recommending psychological services, the request appears reasonable and clinically based. As a result, the request for a psychological evaluation with 5 additional sessions is medically necessary.