

Case Number:	CM15-0107635		
Date Assigned:	06/12/2015	Date of Injury:	10/19/2010
Decision Date:	07/15/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/04/2015

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 56 year old male who sustained an industrial injury on 10/19/10. Initial complaints and diagnoses are not available. Treatments to date include medications, neck surgery, and physical therapy. Diagnostic studies are not addressed. Current complaints include persistent neck pain. Current diagnoses include thoracolumbosacral neuritis, lumbar spinal stenosis, and lumbar degenerative intervertebral disc. In a progress note dated 05/07/15 the treating provider reports the plan of care as psychological evaluation and physical therapy. The requested treatment is 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, as related to the thoracic and lumbar spine injury, as outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines; Section: Neck and Upper Back (Acute & Chronic) (updated 11/18/2014) Official Disability Guidelines; Section: Low Back-Lumbar & Thoracic (Acute & Chronic) (updated 3/24/2015).

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 continues to experience chronic pain since his injury in October 2010. The request under review is for a psychological evaluation/consult. However, there is no information within the medical records indicating the need for a psychological evaluation. In the progress notes dated 4/9/15, [REDACTED] ordered a psychological evaluation, for which the request under review is based. Unfortunately, there is no documentation regarding psychiatric symptoms nor comments about their possible affects on pain management and functioning. Without more information including a rationale to support the request, the request for a psychological evaluation is not medically necessary.