

Case Number:	CM15-0140256		
Date Assigned:	07/30/2015	Date of Injury:	06/16/2014
Decision Date:	09/01/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/20/2015

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 44 year-old male who sustained an industrial injury on 06/16/14. He reported back pain. Initial diagnoses are not available. Current diagnoses include lumbar stenosis, and lumbar radiculopathy. Diagnostic testing and treatment to date has included radiographic imaging, surgery, physical therapy, and pain medication management. Currently, the injured worker complains of worsening back pain. Recent MRI was abnormal- there are postoperative changes status post surgery. Requested treatments include psychological evaluation for pain management. The injured worker's status is reported as permanent and stationary. Date of Utilization Review: 06/25/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychological evaluation within MPN: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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 June 2014. The request under review is for a psychological evaluation. Unfortunately, the documentation submitted fails to offer any rationale for the requested service. The most recent progress report from the requesting physician, dated 6/9/15, fails to mention any psychological symptoms nor offers any reasons as to why a psychological evaluation is needed. Without sufficient information to substantiate the request, the request for a psychological evaluation is not medically necessary.