

Case Number:	CM15-0147351		
Date Assigned:	08/10/2015	Date of Injury:	05/20/2013
Decision Date:	09/09/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	07/29/2015

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 60-year-old male, who sustained an industrial injury on 5-20-2013. The mechanism of injury was not noted. The injured worker's diagnosis was to be confirmed after completion of psychological evaluation and not documented. Treatment to date was not documented. Currently, a psychological consult was recommended in order to assess whether psychological impairment was present as a result of his industrial injury. Documentation for supporting evidence did not include subjective complaints or objective findings. The treatment plan included a psychological evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychological Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Cognitive Behavioral Therapy.

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

Decision rationale: Based on the review of the minimal medical records, the injured worker was referred for a psychological evaluation by his attorney. The referral was sent to [REDACTED] and an RFA was completed by [REDACTED]. Unfortunately, there is no information as to why an evaluation is being recommended. Additionally, the evaluation is being suggested by the injured worker's attorney, not a physician. Without any documentation to support the necessity of a psychological evaluation, the request for the psychological evaluation is not medically necessary.