

Case Number:	CM15-0160396		
Date Assigned:	08/26/2015	Date of Injury:	09/01/2013
Decision Date:	09/29/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/17/2015

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: Family Practice

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 31 year old female, who sustained an industrial injury on 9-1-2013. She reported developing right hand pain associated with numbness and tingling from carrying activity. Diagnoses include chronic pain, right carpal tunnel syndrome, cervical spasm with myofascial pain, herniated nucleus pulposus and cervical radiculopathy. Treatments to date include activity modification, physical therapy, occupational therapy, chiropractic therapy, acupuncture treatments, and right carpal tunnel and cervical epidural steroid injections. Currently, she complained of chronic neck and right upper extremity pain. She reported feelings of hopelessness, sadness, lack of motivation crying episodes and suicidal ideation. On 5-19-15, the QME physical examination documented she reported passive suicidal ideation, diffuse somatic complaints, reports of a high level of anxious thoughts and feelings and extreme depressive thoughts and feelings. The treating diagnoses included major depressive disorder and sleep disorder due to a general medical condition. The appeal requested authorization of a consultation with a psychologist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with a psychologist (depression, anxiety, stress, sleep disturbance):

Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100-101.

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

Decision rationale: According to the MTUS chronic pain management guidelines, psychological evaluations are recommended. Per the MTUS guidelines, psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. The interpretations of the evaluation should provide clinicians with a better understanding of the patient in their social environment, thus allowing for more effective rehabilitation. The medical records note that the injured worker reported feelings of hopelessness, sadness, lack of motivation crying episodes and suicidal ideation. The request for Consultation with a psychologist (depression, anxiety, stress, sleep disturbance) is medically necessary and appropriate.