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| Case Number: | CM15-0059585 | | |
| Date Assigned: | 04/06/2015 | Date of Injury: | 08/24/2011 |
| Decision Date: | 07/07/2015 | UR Denial Date: | 03/02/2015 |
| Priority: | Standard | Application Received: | 03/30/2015 |

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: Preventive Medicine, Occupational Medicine

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 65 year old male, who sustained an industrial injury on 8/24/2011. He reported falling onto a truck onto his left leg. Diagnoses have included neck sprain/strain, lumbar sprain/strain, ankle sprain/strain and anxiety state unspecified. Treatment to date has included chiropractic treatment, injections and medication. According to the progress report dated 2/25/2015, the injured worker complained of left ankle pain rated 8/10 and pain in his left leg and left thigh. He complained of constant neck pain rated 8-9/10. He complained of lower back pain rated 8-9/10 and he complained of constant headaches. He also reported stress and depression. The injured worker appeared to be in moderated distress. He was anxious and tearful. Range of motion of the cervical spine was decreased. Exam of the neck revealed tenderness to palpation and severe muscle spasms. Exam of the left ankle revealed tenderness to palpation and swelling. Authorization was requested for 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: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7, page 127; Official Disability Guidelines (ODG), Psychological evaluations.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Page 23.

Decision rationale: The MTUS recommends behavioral interventions be initiated with a trial of 3-4 psychotherapy visits over 2 weeks; with evidence of objective functional improvement, a total of up to 6-10 visits over 5-6 weeks may then be authorized. The request is for only an evaluation at this time. I am reversing the previous UR decision. Psychological evaluation is medically necessary.