MAXIMUS Federal Services

Case Number:	CM14-0110496		
Date Assigned:	08/01/2014	Date of Injury:	03/01/2013
Decision Date:	10/03/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/15/2014

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. The expert reviewer is Board Certified in Preventive Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 37-year-old female with a 3/1/13 date of injury. At the time (4/28/14) of the request for authorization for Psyche referral, there is documentation of subjective (headaches, burning neck pain and muscle spasms, burning bilateral shoulder pain radiating down the arms to the hands and fingers, burning low back pain and muscle spasms, and burning bilateral ankle pain) and objective (tenderness to palpation with spasms at the paraspinal muscles and spinous processes C2-C5, decreased cervical spine range of motion; tenderness to palpation at subacromial space, rhomboid muscles, and AC joint, decreased shoulder range of motion bilaterally, positive Neer's impingement sign bilaterally; sensation to pinprick and light touch is slightly diminished over the C5, C6, C7, C8, and T1 dermatomes in the bilateral upper extremities; motor strength is 4/5 in bilateral upper extremities; palpable tenderness with spasms is noted at the lumbar paraspinal muscles and over the lumbosacral junction, sciatic notch tenderness, and decreased lumbar spine range of motion; slightly decreased sensation to pin-prick and light touch at the L4, L5, and S1 dermatomes bilaterally, motor strength is 4/5 in the bilateral lower extremities) findings, current diagnoses (headaches, cervical spine sprain/strain rule out herniated nucleus pulposus, rule out cervical radiculopathy, bilateral shoulder sprain/strain rule out joint derangement, lumbar spine sprain/strain rule out herniated nucleus pulposus, rule out lumbar radiculopathy, bilateral ankle/heel sprain/strain rule out joint derangement, anxiety disorder, mood disorder, sleep disorder, and stress), and treatment to date (medication, rest, and activity restriction).

IMR ISSUES, DECISIONS AND RATIONALES

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

Psyche Ref feral: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluation Page(s): 100-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Psychological Evaluation

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that a consultation with a psychologist allows for screening, assessment of goals, and further treatment options, as criteria necessary to support the medical necessity of psychological evaluation. ODG identifies that psychological evaluation are well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in subacute and chronic pain populations, as criteria necessary to support the medical necessity of psychological evaluation. Within the medical information available for review, there is documentation of diagnoses of headaches, cervical spine sprain/strain rule out herniated nucleus pulposus, rule out cervical radiculopathy, bilateral shoulder sprain/strain rule out joint derangement, lumbar spine sprain/strain rule out herniated nucleus pulposus, rule out lumbar radiculopathy, bilateral ankle/heel sprain/strain rule out joint derangement, anxiety disorder, mood disorder, sleep disorder, and stress. In addition, there is documentation of chronic pain. Therefore, based on guidelines and a review of the evidence, the request for Psyche Referral is medically necessary.