

Case Number:	CM14-0123100		
Date Assigned:	09/24/2014	Date of Injury:	03/06/2014
Decision Date:	10/24/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	08/04/2014

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 licensed in Psychology 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:

The claimant is a 37 year-old female [REDACTED] with a date of injury of 3/6/14. The claimant sustained injuries to her neck, shoulder, back, and wrists as the result of repetitive movements such as placing price tags on shirts, folding them, catch 20 pound bundles of shirts to stack on pallets, etc. The claimant sustained these injuries while working as a laborer for [REDACTED]. In his "Primary Treating Physician's Initial Comprehensive Report" dated 4/2/14, [REDACTED] diagnosed the claimant with: (1) Right cervical radiculopathy; (2) Thoracic myofascial pain syndrome; (3) Right shoulder strain; (4) Bilateral wrist strain, right greater than left; and (5) Bilateral DeQuervain's tendonitis. Additionally, in his 6/12/14 "Focused Neurologic Consultation", provider diagnosed the claimant with Right carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychology Consultation: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 101-102.

Decision rationale: The CA MTUS guidelines regarding psychological treatments and evaluations will be used as references for this case. Based on the review of the medical records, the claimant continues to experience chronic pain since her injury in March 2014. Additionally, it is being reported that the claimant is exhibiting some symptoms of possible depression such as anhedonia, feelings of being helpless and hopeless, etc. The CA MTUS states, "Step 2: Identify patients who continue to experience pain and disability after the usual time of recovery. At this point a consultation with a psychologist allows for screening, assessment of goals, and further treatment options, including brief individual or group therapy." Given that the claimant continues to experience pain after the usual time of recovery and she is experiencing comorbid psychiatric symptoms, a psychological consultation/evaluation appears warranted in order to gain a more specific diagnosis and gather appropriate treatment recommendations. As a result, the request for a "Psychology Consultation" is medically necessary.