MAXIMUS Federal Services

Case Number:	CM14-0142134		
Date Assigned:	09/10/2014	Date of Injury:	08/09/2011
Decision Date:	11/26/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	09/02/2014

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 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 60 year-old male [redacted] with a date of injury of 8/9/11. The claimant sustained injury to his back while working as a cook for [redacted]. In their PR-2 report dated 9/5/14, Physician Assistant, [redacted], and [redacted], offered the following diagnostic impressions: (1) Lumbar post laminectomy pain syndrome; (2) Status post lumbar spine laminectomy, L4-5, L5-S1; (3) Residual lumbar spine stenosis; (4) Chronic pain syndrome; (5) Reports of sleep disturbance; and (6) Reports of urinary incontinence. In her PR-2 report dated 8/4/14, Chiropractor, [redacted] diagnosed the claimant with: (1) Status lost lumbar spine L4-L5 and L5-S1 decompression and laminectomy 9/30/11, with residual radiculopathy; (2) Bilateral L5-S1 radiculopathy, Lt greater than right; (3) Complaints of incontinence, likely secondary to lumbar IVD displacement; and (4) Complaints of depression, anxiety, and sleep difficulties. This is the same diagnosis offered by [redacted] in his 6/30/14 PR-2 report. It is also noted that he claimant has developed psychiatric symtpoms secondary to his work-related orthopedic injury. The request under review is for an initial psychological evaluation with follow-up treatment. The claimant did complete a psychological evaluation in order to be cleared for spinal cord implantation. In his "Evaluation of Fitness for Medical Procedures" dated 8/19/14, [redacted] diagnosed the claimant Adjustment disorder with mixed anxiety and depressed mood.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psych evaluation and treatment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment; Behavioral interventions; Psychological evaluations Page(s): 101-102; 2.

Decision rationale: The CA MTUS guidelines regarding the use of psychological treatment, behavioral interventions, and psychological evaluations in the treatment of chronic pain will be used as references for this case.Based on the review of the medical records, the claimant continues to experience chronic pain since his injury in August 2011. It is reported that the claimant was evaluated by a psychiatrist in January 2013 and was authorized for 10 psychotherapy sessions with a [redacted], however, there were no records of this included for review so it is unclear whether the claimant had prior psychological services. Despite this, the documentation submitted for review does not adequately provide evidence or a basis for completing a psychological evaluation. It is noted that the claimant experiences some depressed mood and anxiety, but there is no other mention of how these symptoms impact his functioning. In fact, in his "Evaluation of Fitness for Medical Procedures" dated 8/19/14, [redacted] states, "In my analysis, the patient has a minimal difficulty with anxiety and depression." Further, the request for "treatment" is vague and premature. As a result, the request for "Psych evaluation and treatment" is not medically necessary