

Case Number:	CM14-0147432		
Date Assigned:	09/15/2014	Date of Injury:	01/23/2011
Decision Date:	10/15/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	09/10/2014

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 41 year-old female [REDACTED] with a date of injury of 1/23/11. The claimant sustained cumulative trauma injuries to her back, hips, waist, and lower extremities as the result of performing her usual and customary duties while working as a mail clerk for [REDACTED]. In his "Follow-Up Report of a Primary Treating Physician and Request for Authorization" dated 8/15/14, [REDACTED] diagnosed the claimant with: (1) Cervical radiculopathy; and (2) Lumbosacral radiculopathy. Additionally, in his "Secondary Treating Physician Pain Management Follow-up Report" dated 8/8/14, [REDACTED] offered the following impressions: (1) Intractable lumbar pain; (2) Lumbar radiculopathy; (3) Chronic cervical pain with radiculopathy; (4) Bilateral wrist tendinosis; (5) Depression/anxiety; and (6) Insomnia. It is also reported that he claimant developed psychiatric symptoms secondary to her work-related orthopedic injuries. In his "Formal Medical Re-Evaluation Psychiatric PQME Report" dated 3/26/14, [REDACTED] diagnosed the claimant with: (1) Pain disorder associated with psychological factors and a physical condition, getting worse rather than better; (2) Dysthymic disorder, protracted; (3) Major depression; (4) Anxiety disorder, NOS; and (5) Rule out psychological factors affecting physical condition - metabolic, cardiac, and gastrointestinal issues in particular. Additionally, in his "Permanent and Stationary Comprehensive Psychological Evaluation of a Secondary Treating Physician" dated 4/8/14, [REDACTED] diagnosed the claimant with: (1) Depressive disorder, NOS; (2) Panic disorder without agoraphobia; (3) Pain disorder associated with both psychological factors and a general medical condition; and (4) Sleep disorder due to pain, insomnia type. The claimant has been receiving psychotherapy services to treat her symptoms. She has also been receiving psychotropic medications through her treating physicians, but has yet to consult with a psychiatrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychological evaluation: 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 evaluations Page(s): 100-101.

Decision rationale: The CA MTUS guideline regarding the use of psychological evaluations will be used as reference for this case. Based on the review of the medical records, the claimant completed a psychological evaluation in 2011 and participated in subsequent individual and group psychotherapy services. In [REDACTED] "Formal Medical Re-Evaluation Psychiatric PQME Report" dated 3/26/14, he writes, "From a psychological perspective, she is still under the care of psychologist, [REDACTED], who works in the office of [REDACTED] in [REDACTED]. She has been under his care since August 2011, over the past two and a half years and continuing. However, she has seen [REDACTED] himself only on one occasion. She has seen various therapists, three or four different therapists, working apparently under [REDACTED] supervision. She generally sees them one time per week. She was seen initially in a group and was also provided individual therapy for five to six months. Each session lasts approximately 30 minutes." Given that the claimant has been receiving psychotherapy services and she recently completed another psychological evaluation with [REDACTED] in April 2014, another psychological evaluation is neither appropriate nor necessary. As a result, the request for a "Psychological evaluation" is not medically necessary.