

Case Number:	CM14-0149921		
Date Assigned:	09/18/2014	Date of Injury:	06/11/2011
Decision Date:	10/17/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/15/2014

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 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 40 year-old female with a date of injury of 6/11/11. The claimant sustained injury to her right ankle and back when she tripped over a carpet runner and twisted her right ankle. The claimant sustained this injury while working as a dispatch supervisor for [REDACTED]. In his "Visit Note" dated 9/4/14, [REDACTED] diagnosed the claimant with: (1) Pain in joint of ankle and foot; and (2) Sprains and strains of ankle. Further in the note, [REDACTED] indicates that the claimant is also struggling with Chronic Pain Syndrome. Additionally, in his "Agreed Medical Evaluation" dated 7/24/14, [REDACTED] diagnosed the claimant with: (1) Complex regional pain syndrome of the lower extremities secondary to a specific incident injury to the right foot; (2) Lumbalgia with radiation; and (3) Psychological components with depression and anxiety.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychological Evaluation for Pain Management related to Lumbar Spine and Right Ankle injury, as an outpatient: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th ed. McGraw Hill, 2010. Physician's Desk Reference, 68th ed. "www.RxList.com.ODG Workers Compensation Drug Formulary, www.odg-twc.com/odgtwc/formulary.htm drugs.com Epocrates Online, www.online.epocrates.com Monthly

Prescribing Reference, www.empr.comOpioid Dose Calculator-AMDD Agency Medical Directors' Group Dose Calculator, www.agencymeddirectors.wa.gov (as applicable)

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

Decision rationale: The MTUS Chronic Pain Guidelines for the use of psychological evaluations in the treatment of chronic pain will be used as reference for this case. Based on the medical records provided for review, the claimant continues to experience chronic pain since her injury in June 2011. It is noted that the claimant completed a psychological evaluation in January 2012. It is unclear whether the claimant completed any follow-up services. It is noted that she has received some psychological services, but the specifics of those services are not known as there are no records offered for review. Although the claimant may have been evaluated and had some prior psychological services, she remains symptomatic. A "Visit Note" dated 9/4/14 indicates a chronic pain syndrome resulting in "psychosocial sequelae that have limited her function and recovery after the initial incident, including anxiety, fear-avoidance, depression, and sleep disorders." The request under review is for an initial psychological evaluation that will offer more specific diagnostic information as well as appropriate treatment recommendations. As a result, the request is appropriate and medically necessary.