

Case Number:	CM14-0166259		
Date Assigned:	10/13/2014	Date of Injury:	03/05/2014
Decision Date:	11/13/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/08/2014

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 clinical 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:

Based on the records that were provided for this independent review, this patient is a 23 year-old male who reported an industrial/occupational injury that occurred on March 5, 2014. The mechanism of injury was not provided. He has been diagnosed with: Neck Sprain, Lumbar Sprain, Depressive Disorder not otherwise specified. No information regarding his psychological symptoms or how they relate to his pain/injury were provided. He reports pain to the bilateral wrists, shoulder, and burning pain in his left arm. His arm pain is aggravated by typing and he experiences numbness in his hands and burning pain from the shoulder to the fingers. There is some pain relief provided by the Celebrex as well as a TENS unit he is using for upper back pain every few days. He has participated in acupuncture, physical therapy, and myofascial release. He remains physically active and engages in exercise such as yoga and kickboxing. Very little other information was provided in the submitted 10 page medical file received for this IMR.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychology Consultation: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines behavioral interventions, psychological evaluation Page(s): 100-101.

Decision rationale: According to the MTUS psychological evaluations are generally accepted, well-established diagnostic procedures not only with selective use in pain problems, but with more widespread use in chronic pain populations. Diagnostic evaluation should distinguish between conditions that are pre-existing, aggravated by the current injury or work-related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. There was insufficient documentation provided to assess the medical necessity of the requested treatment modality. The medical records consisted of only about 10 pages, some of the lack of documentation is attributable to the regency of his injury; however, additional documentation with regards to the reason for this request is necessary in order to approve it. There was no discussion of any aspects of the patient's psychological symptoms. The only mention his diagnosis of: Depression, NOS. While the MTUS guidelines do support the use of psychological evaluation, a discussion, even brief, of why the request was being made would be the bare minimum required to support overturning the UR decision; without it, the medical necessity of the request cannot be established either way, and is not medically necessary.