

Case Number:	CM14-0176075		
Date Assigned:	10/29/2014	Date of Injury:	02/12/2014
Decision Date:	12/05/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/23/2014

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 50 year-old male [REDACTED] with a date of injury of 2/12/14. The claimant sustained injury to his neck, right shoulder, and lower back as the result of a fall while working for [REDACTED]. In his PR-2 report dated 7/25/14, [REDACTED] diagnosed the claimant with: (1) Status post open eduction internal fixation of a right proximal humerus four part fracture; (2) Frozen right shoulder, improving; (3) Cervical strain; (4) Multi level disc herniation and degenerative disc disease cervical spine; (5) Radiculitis right upper extremity; (6) Low back pain; (7) Right knee medial meniscus tear; (8) Right heel pain; (9) Headaches; and (1) Stress/anxiety. Additionally, in his "Worker's Compensation: Follow-Up Evaluation" dated 7/25/14, [REDACTED] offered the following impression: Status post ORIF of right humerous with current cervcal radicular pain, screened positive for PTSD and neuropathic pain. The claimant has been treated with medications, physical therapy, acupuncture, epidurals, and surgery. The request under review is for a referral for psychological services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychology Referral for Post-Traumatic Stress (PTSD) Disorder for Cognitive Behavioral Therapy: 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, Psychological evaluations Page(s): 100-102.

Decision rationale: The CA MTUS guidelines regarding the use of psychological treatment and psychological evaluations will be used as references for this case. Based on the review of the medical records, the claimant has continued to experience chronic pain since his injury in February 2014. It is reported that he also screened positive for symptoms of PTSD and experiences some nightmares. It appears that the claimant was initially denied for a psychological referral on 6/23/14, which was based on a Request for Authorization (RFA) dated 6/10/14 from [REDACTED]. However, he later received a modified authorization for a psychological evaluation in the 7/17/14 "Modification Recommendation" letter, which was based on an RFA dated 7/10/14 from [REDACTED]. Given that the claimant was eventually authorized for this referral in July 2014, the request under review for a "Psychology Referral for PTSD for Cognitive Behavioral Therapy" is no longer appropriate nor medically necessary.