

Case Number:	CM14-0025596		
Date Assigned:	06/13/2014	Date of Injury:	12/20/2011
Decision Date:	08/18/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/28/2014

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 Psychiatry and is licensed to practice in Texas. 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 injured worker is a 32 year old male with lumbar disc disease and chronic pain syndrome. The service which had been under consideration is for one psychological consultation for pain along with a follow up visit. The request had originally been not medically necessary based upon MTUS, ACOEM guidelines, Chapter 5 and 7 in that the referral request should specify the concerns to be addressed.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE PAIN PSYCHOLOGICAL CONSULTATION, AND CONTINUE WITH PAIN MANAGEMENT: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 34.

Decision rationale: As chronic pain considerations as outlined in the Occupational Medicine Practice Guidelines state in part, Anxiety and depressive conditions, as well as Somatoform Disorders, are believed to be risk factors, and such conditions need not have been previously recognized. Thus, inquiries for psychological and psychiatric issues and administration of questionnaires (e.g., Zung Self-Rating Depression Scale, Modified Somatic Perception

Questionnaire, Fear Avoidance Behavior Questionnaire, Oswestry Disability Index 112)* are also indicated. Consequently the request does meet the guidelines and should be considered medically necessary for this injured worker. The previous denial alludes to the need for specificity for referral but failed to take into consideration that an initial psychological assessment and a follow-up visit to complete assessments or to confirm diagnostic impressions and implement recommendations is a process in which a high level of specificity may not be feasible beyond the acknowledgment of anxiety and depression.

ONE FOLLOW-UP VISIT WITH DOCTOR: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines Chapter 7, Page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 34.

Decision rationale: The follow-up visit following the psychological consultation although ill-defined and lacking any specific objectives in regard to pain management would be a necessity addressing this once the initial assessment was completed. Thus any cognitive impairment or treatment questions tied to depression or anxiety would emerge and be considered, given the noted guidelines, to be medically necessary. The previous denial alludes to the need for specificity for referral but failed to take into consideration that an initial psychological assessment and a follow-up visit to complete assessments or to confirm diagnostic impressions and implement recommendations is a process in which a high level of specificity may not be feasible beyond the acknowledgment of anxiety and depression.