

Case Number:	CM14-0099247		
Date Assigned:	07/28/2014	Date of Injury:	05/12/2014
Decision Date:	10/03/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	06/27/2014

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:

According to the records that were provided for this independent review, this patient is a 34 year old male reported in industrial/occupational injury occurred on May 12, 2014 during his appointment for [REDACTED] as a dock worker and reportedly occurred as the result of him lifting heavy boxes and suffered a low back injury. He was diagnosed with lumbar sprain and spasm. Following the injury was given and intramuscular injection and returned to work the following day. Although he was declared maximally medically improved the following day and returned to work he subsequently developed a burning pain in his mid and low back when he started to lift again. By May 16, 2014 "the patient states that he is only "minimally better" and was reporting significant pain to the mid and low back with a mild amount of distress, and slow/stiff ambulation. By the end of May the patient was reporting that his thoracic spine was completely improved but there was residual pain and tightness in the lumbar spine he has been placed on modified work restrictions with no lifting of over 5 pounds and no repetitive motions or positions with continued chiropractic work two times a week for two weeks. There was no mention in the medical records that were provided of psychological issues, symptoms, diagnoses or otherwise indications of psychological/distress.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psyche Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127. Decision based on Non-MTUS Citation Official Disability Guidelines- Mental Illness

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

Decision rationale: According to the MTUS guidelines psychological evaluations are a recommended treatment procedure and are generally accepted, well-established diagnostic procedures not only with selective use in pain problems, but also more widespread use in chronic pain populations. The purpose of these evaluations is to distinguish between conditions that are pre-existing; aggravated by the current injury or work-related psychosocial evaluations to determine if further psychosocial interventions are indicated. While the official guidelines do recommend the use of psychological evaluations, especially when there is evidence of delayed recovery, there was no rationale provided for this request by the primary treating physician in any of the medical records. In addition the medical records that were provided were only covered the month of May 2014 without any subsequent information after that date. Typically, a statement such as patient is complaining of depression or anxiety or emotional distress would be indicative of the possible need for a psychological report, none of which were present. In addition the request form that was used did not contain a rationale for why the procedure was indicated. Because of these factors, and that the information appears to be out of date and it is unclear whether or not the patient still would need a psychological evaluation, the medical necessity of this request is not been established.