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| Case Number: | CM15-0018624 | | |
| Date Assigned: | 02/06/2015 | Date of Injury: | 06/20/2006 |
| Decision Date: | 03/31/2015 | UR Denial Date: | 01/16/2015 |
| Priority: | Standard | Application Received: | 02/02/2015 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

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 53-year-old female, with a reported date of injury of 06/20/2006. The diagnoses include cervical sprain, status post two-level cervical fusion, cervical-occipital headaches, left shoulder sprain with rotator cuff tendinitis and partial tearing, right shoulder, right knee sprain, and right foot/ankle sprain. Treatments have included oral medications. The progress report dated 12/27/2014 indicates that the assessment showed cervical sprain, shoulder sprain, right knee sprain, right foot/ankle sprain, and multiple injuries. There was no documentation regarding the injured worker's mental/emotional status. The treating physician requested a psychological consultation. The rationale for the request was not indicated. On 01/16/2015, Utilization Review (UR) denied the request a psychological consultation, noting that the documentation does not thoroughly reveal why a psychological consultation would be beneficial to the injured worker in the current clinical setting, and there was no documentation of symptoms of stress, anxiety, insomnia, or depression. The MTUS ACOEM Guidelines and the MTUS Chronic Pain Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psyche Consult: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM Pracatice Guidelines, 2nd edition (2004), ACOEM practice Guidelines 2nd edition, Chapter 7 Independent medical Examinations and Consultations, page 127

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions, Psychological Evaluations, Psychological Treatment, Weaning Medication.

Decision rationale: The MTUS Guidelines strongly recommend the identification and management of coping skills, describing these elements as often being more important to the treatment of pain than the ongoing medications used. When there is documented evidence of functional improvement, psychotherapy sessions should be continued. The submitted records did not describe psychological symptoms or identify a problem with coping skills. However, a recent documented examination described the mood as being restricted, which suggested a limited ability to fully assess such issues. Further, the prolonged nature of the worker's symptoms with limited control and significantly limited functional status commonly causes an emotional strain. For these reasons, the current request for a consultation with a psychologist is medically necessary.