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| Case Number: | CM15-0110397 | | |
| Date Assigned: | 06/16/2015 | Date of Injury: | 01/31/2014 |
| Decision Date: | 07/15/2015 | UR Denial Date: | 05/08/2015 |
| Priority: | Standard | Application Received: | 06/08/2015 |

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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, who sustained an industrial injury on 01/31/2014. He has reported subsequent low back, neck, right wrist, right elbow, left knee and left ankle pain and was diagnosed with lumbar, cervical, right wrist, right elbow, left knee and left ankle sprain/strain. The injured worker was also diagnosed with depression and anxiety. Treatment to date has included medication. In a progress note dated 03/25/2015, the injured worker complained of low back and left ankle pain. The injured worker also reported depression, worries about the future and avoidance of crowds. Objective findings were notable for decreased range of motion of the lumbar spine with tenderness over the L4-L5 and L5-S1, greater on the left than the right with paraspinous muscle spasm, positive straight leg raise on the left, decreased range of motion of the left ankle with tenderness over the posterior lateral distal fibula. A request for authorization of psychological evaluation consultation was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychological evaluation consultation: Overturned

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
Psychological evaluations Page(s): 100-101.

Decision rationale: The claimant sustained a work injury in January 2014 and continues to be treated for low back and left ankle pain. When seen, he had symptoms of depression and was avoiding crowds. There was decreased lumbar spine range of motion with tenderness and muscle spasms and positive straight leg raising. There was decreased ankle range of motion with tenderness. Psychological evaluations are generally accepted, well-established diagnostic procedures used in pain problems and should determine if further psychosocial interventions are indicated. In this case, the claimant has depression and agoraphobia. The requested psychological evaluation is medically necessary.