

Case Number:	CM15-0118502		
Date Assigned:	07/22/2015	Date of Injury:	01/15/2014
Decision Date:	08/31/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/19/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This 80 year old man sustained an industrial injury on 1/15/2014 after being assaulted. Diagnoses include shoulder pain, headache, cervicgia, traumatic brain injury, jaw pain, and osteoarthritis of the knee. Treatment has included oral medications. Physician notes dated 5/18/2015 show complaints of shoulder, jaw, neck, head, and left knee/leg pain rated 8/10. Recommendations include pain psychologist consultation, left shoulder MRI, physical therapy, orthopedic consultation, left knee MRI, and follow up in one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain psychology 1 time a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatments. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter, Psychological Treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23.

Decision rationale: The injured worker sustained a work related injury on 1/15/2014. The medical records provided indicate the diagnosis of shoulder pain, headache, cervicalgia, traumatic brain injury, jaw pain, and osteoarthritis of the knee. Treatments have included oral medications. The medical records provided for review do not indicate a medical necessity for: Pain psychology 1 time a week for 6 weeks. The medical records indicate the injured worker was discharged from the hospital with no permanent disability, but he reported to a doctor a year and a month later with multiple complaints attributed to that injury. The records indicate that due to the complexity of the problems, the doctor made several referrals, including a referral to pain psychology. This referral is not medically necessary and appropriate because the MTUS recommends that referral to psychologist can be made after 4 weeks of failed treatment with physical medicine. In this case, there was no treatment rendered before the referral.