

Case Number:	CM15-0122532		
Date Assigned:	07/06/2015	Date of Injury:	06/27/2002
Decision Date:	08/05/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/25/2015

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: California
 Certification(s)/Specialty: Psychologist

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 56 year old male, who sustained an industrial injury on 6/27/2002. He reported a fall from a ladder of approximately six feet. The injured worker was diagnosed as having cervical and lumbar radiculopathy, lumbar facet syndrome, status post left shoulder surgery 1/2014, rule out left wrist TFCC (triangular fibrocartilage complex) tear, status post left wrist surgery, left knee chondromalacia patella, and left medial meniscal tear. Treatment to date has included diagnostics, multiple orthopedic surgeries, various therapies, and medications. A comprehensive Agreed Medical Evaluation Report (2/11/2015) noted continued high level of subjective complaints and perception of major restriction of his physical capabilities. Diagnoses included psychiatric conditions, deferred to specialist. Currently, the injured worker complains of constant neck pain with radiation to the right upper extremity with numbness and tingling (rated 6/10), constant low back pain radiating to his lower extremities with numbness and tingling (rated 6/10), constant left shoulder pain (rated 5/10), constant left wrist pain with numbness and tingling in his hand (rated 5/10), and constant left knee pain (rated 5/10). He also complained of anxiety and stress. The treatment plan included psychological evaluation to address his symptoms of stress, anxiety, and depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

One psychological evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations.

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

Decision rationale: Based on the review of the medical records, the injured worker continues to experience chronic pain since his injury in 2002. In the progress note dated 6/16/15, ■■■■■ recommended a psychological evaluation to address the injured worker's depression, anxiety, and stress. Unfortunately, there was no elaboration of these symptoms in regards to how they are affecting the injured worker, the duration for which the injured worker has been experiencing them, how they are possibly interfering with the injured worker's recovery, etc. Without more information about the injured worker's psychiatric symptoms, the need for a psychological evaluation is not substantiated and the request is therefore, not medically necessary.