

Case Number:	CM15-0123349		
Date Assigned:	07/07/2015	Date of Injury:	02/25/2008
Decision Date:	08/11/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/26/2015

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 was a 53 year old male, who sustained an industrial injury, February 26, 2008. The injured worker previously received the following treatments omeprazole, Lidoderm Patches, Hydrocodone, Flector Patches and Lyrica and right knee brace. The injured worker was diagnosed with internal derangement of the knee, planter fasciitis and chronic pain syndrome. According to progress note of April 1, 2015, the injured worker's chief complaint was low back, right knee and right elbow pain. The injured worker described the pain as burning, achy, sharp, stabbing pain that was constant with pushing, pulling, reaching, lifting, prolonged sitting and walking with locking and giving way of the right and left knee. The mediations were helpful and effective in terms of allowing the injured worker to tolerate less than normal activities throughout the day. The injure worker continues to work with pain and fatigue. The injured worker was having issues with feeling stressed out for the ongoing pain in the back and the knees. The physical exam noted trigger points palpated in the gluteus medius and lumbar quadratus region bilaterally. There was tenderness along the biceps tendon and AC joint. The sensory exam of the upper extremities noted paresthesias in the digits 1, 2 and 3 of the right hand and digits 2 and 3 of the left hand. The sensory exam of the lower extremities demonstrated paresthesias along the medial and lateral aspect of the right leg and lateral aspect of the left leg. The treatment plan included psychological evaluation for a functional restoration program for chronic pain syndrome, maximize functionality and help with opioid dependency.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psych evaluation for a Functional Restoration Program: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Psychological Evaluation 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 2008. In the most recent progress note dated 4/1/15, [REDACTED] indicated that the injured worker "has been having some issues feeling stressed out due to ongoing pain in his back and knees. He has requested to be evaluated by a psychiatrist." The request under review, for a psychological evaluation, is based upon this progress note. Unfortunately, there is minimal information regarding the psychiatric symptoms experienced by the injured worker as well as how the symptoms are impairing his ability to recover and function. Without more specific information, the need for a psychological evaluation cannot be determined. As a result, the request is not medically necessary.