

Case Number:	CM15-0125050		
Date Assigned:	07/09/2015	Date of Injury:	04/06/2000
Decision Date:	08/11/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/29/2015

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, North Carolina
Certification(s)/Specialty: Family Practice

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 50-year-old female who sustained an industrial injury on April 6, 2000. She has reported injuries to the neck, shoulders, hands, wrist, and back as well as headaches and has been diagnosed with anxiety disorder not otherwise specified, major depression disorder, single episode, and insomnia related to other axis I condition. Treatment has included surgery, medications, and physical therapy. She reports feeling depressed and is rated an 8/10. She relates she feels depressed due to her injuries and has imposed to her activities of daily living. She reports feeling anxious daily and rates it as an 8/10. She was anxious about not being able to care for herself. She reports that anxiety and depression interfere with her sleep. The treatment request included a psychological consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychological consultation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100-101.

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

Decision rationale: CA MTUS Chronic Pain Treatment Guidelines state that psychological evaluations are generally accepted, well-established diagnostic procedures not with selected use in pain problems, but also with more widespread use in chronic pain populations. In this case, the patient is a 50 yo female with date of injury 15 years ago. There is limited documentation submitted by her requesting physician, an orthopedist, regarding her claims of stress/anxiety /depression. The records submitted reveal that the patient has an internist, but there are no records from him or evidence of prior treatment with antidepressants and/or anxiolytics for her symptoms. The patient also had a complete psychosocial evaluation on 05/04/2015, which should be adequate for her internist to base his treatment with medication. Another comprehensive psychosocial evaluation is not medically necessary.