

Case Number:	CM15-0175251		
Date Assigned:	09/16/2015	Date of Injury:	12/27/2012
Decision Date:	10/26/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/04/2015

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 38-year-old female who sustained an industrial injury on 12-27-12. She had complaints of right shoulder and low back pain. She was diagnosed with cervical disc displacement without myelopathy and pain in shoulder joint. Progress report dated 8-7-15 reports complaints of a flare up of lower back pain. She is having more pain in her lower back with pain radiating into the right lower extremity associated with numbness and tingling into the foot. The injured worker feels she is aggravating her back at work while pushing and pulling furniture, going up and down steps and standing for long periods. She is having symptoms of depression, which she feels is due to the chronic pain. Plan of care includes: current medications; Tramadol hcl apap 37.5-325 mg 1 every 8 hours as needed and naproxen, request 6 follow up visits with psychologist, MRI lumbar spine, may require lumbar epidural steroid injection depending on results of lumbar MRI, request psychological treatment, surgical consultation for shoulder already requested. Work status: work with restrictions of no lifting greater than 5 pounds and no pushing, pulling or carrying greater than 5 pounds, restricted from walking up and down stairs and shoulder have allowance to sit and stand as needed. Follow up in 2 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up with a Psychologist, 6 visit, per 8/7/15 order qty 6.00: Upheld

Claims Administrator guideline: Decision based on MTUS Stress-Related Conditions 2004.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological treatment.

Decision rationale: Based on the review of the medical records, the injured worker continues to experience chronic pain since her injury in December 2012. She has also developed psychiatric symptoms secondary to her work-related orthopedic injury and chronic pain. As a result, it was recommended by [REDACTED] that the injured worker complete a psychological consult and receive 6 follow-up visits with the psychologist. The request under review is based on these recommendations. At this time, the injured worker has yet to complete a thorough psychological evaluation, which has already been authorized. The evaluation will not only offer more specific diagnostic information, but appropriate treatment recommendations as well. Without having completed the evaluation, the request for follow-up services is premature. As a result, the request for 6 visits with the psychologist is not medically necessary.