

Case Number:	CM15-0031688		
Date Assigned:	02/25/2015	Date of Injury:	07/04/2012
Decision Date:	05/11/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/19/2015

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: California

Certification(s)/Specialty: Emergency 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:

The injured worker is a 27 year old male, who sustained an industrial injury on July 4, 2012. He reported injuries of the lumbar spine, right hip, and right ankle/foot. The injured worker was diagnosed as having lumbar intervertebral disc disease, lumbosacral sprain/strain, cervical sprain/strain, knee sprain/strain, fibromyalgia, anxiety syndrome, and depression. Treatment to date has included urine drug screening, physical therapy, chiropractic therapy, work modifications, and medications including pain, anti-epilepsy, and non-steroidal anti-inflammatory. On January 12, 2015, the injured worker complains of pain of the cervical spine and lumbar spine. He also complains of right knee pain with loss of range of motion. The physical exam revealed constant pain, more in the neck and head. There was pain to the cervical spine with right leg pain. The treatment plan includes a psychiatric evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychological Evaluation: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 101-102.

Decision rationale: The requested Psychological Evaluation is not medically necessary. Chronic Pain Medical Treatment Guidelines, Psychological Treatment, Pages 101-102, note that psychological treatment is "recommended for appropriately identified patients during the treatment for chronic pain." The injured worker has neck and head pain and right leg pain. The treating physician has also documented symptoms of anxiety and depression. The treating physician has not documented trials of anti-depressant medications. The criteria noted above not having been met, Psychological Evaluation is not medically necessary.