

Case Number:	CM15-0032688		
Date Assigned:	02/26/2015	Date of Injury:	04/29/2012
Decision Date:	06/16/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/20/2015

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, Arizona, Maryland
 Certification(s)/Specialty: Psychiatry

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 53 year old female, who sustained a work related injury on 4/29/12. Her injury was due to a fall. The diagnoses have included status post right shoulder surgery, and cervical pain with upper extremity symptoms. Treatments to date have included physical therapy, acupuncture treatments, chiropractic treatments, TENS unit therapy and oral medications. In the PR-2 dated 1/16/15, the injured worker complains of right shoulder pain, He rates this pain a 6/10. She complains of cervical pain with extremity symptoms worse in right arm. She rates this pain a 6/10. She has tenderness to palpation of right shoulder. She reports improved function with activities and improved range of motion while taking medications. She states she is better able to adhere to physical activities and a healthy activity level. The psychological evaluation was requested for reactive depression. On 2/5/15, Utilization Review non-certified a request for a psychological evaluation. The California MTUS, Chronic Pain Treatment Guidelines, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychological Evaluation: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41, 63-64, 74-84 and 100.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Mental Illness and Stress Topic: Psychological evaluations.

Decision rationale: ODG states that "Psychological evaluations are recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in subacute and chronic pain populations. Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated." The injured worker suffers from chronic pain and depression secondary to the same. The request for Psychological Evaluation is medically necessary, as it is generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in sub-acute and chronic pain populations. Thus, the request is medically necessary in this case per the guidelines.