

Case Number:	CM15-0043436		
Date Assigned:	03/13/2015	Date of Injury:	09/12/2012
Decision Date:	04/22/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/09/2015

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 27-year-old female, who sustained an industrial injury on 9/12/2012. The current diagnoses are thoracic or lumbosacral neuritis or radiculitis, chronic pain syndrome, and lumbago. According to the progress report dated 2/10/2015, the injured worker complains of neck and upper back pain. The pain is characterized as aching, burning, and tender. It radiates to the chest, right shoulder, right arm, right forearm, and right hand. The pain is rated 6/10 on a subjective pain scale. Additionally, she reports her mood has improved a little, and she is taking classes. She is experiencing depressive symptoms. She states that she gets upset very easily, and feels fatigued with complaints of reduced energy. The current medications are Cyclobenzaprine, Naproxen, Pantoprazole, and Ondansetron. Treatment to date has included medication management, ice, heat, exercise, 2 physical therapy sessions, and 3 acupuncture visits. The plan of care includes psychology consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychology consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Psychological Evaluations.

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

Decision rationale: Based on the review of the supplied medical records, the injured worker received an authorization for a psychological evaluation on 2/20/15 as stated in review [REDACTED]. It appears that [REDACTED] was unaware of this authorization when he presented his request on 2/27/15. Therefore, the request under review is a duplication of the 2/20/15 request, which had already been authorized. As a result, this second request for a psychology consultation is not medically necessary.