MAXIMUS Federal Services

Case Number:	CM15-0075284		
Date Assigned:	04/27/2015	Date of Injury:	04/28/2006
Decision Date:	05/22/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/20/2015

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: Arizona, California
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 58 year old female, who sustained an industrial injury on 4/28/2006. The mechanism of injury is unknown. The injured worker was diagnosed as having cervical radiculitis, lumbar radiculitis, headaches, anxiety, depression, insomnia, fibromyalgia, chronic regional pain syndrome of the bilateral upper extremities and spinal cord stimulator implant. Treatment to date has included acupuncture and medication management. In a progress note dated 2/25/2015, the injured worker complains of migraine headaches and pain in the neck, low back, bilateral upper extremities and bilateral lower extremities. The treating physician is requesting referral to a pain psychologist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to pain psychologist for evaluation and treatment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, Independent Medical Examinations and Consultations.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines psychological treatment Page(s): 102.

Decision rationale: According to the guidelines, psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders. A progress not on 1/28/15 indicated the claimant had previously seen a psychologist who provided medications and recommended group therapy. There is no mention of a complex diagnosis that can only be managed by a psychologist. The claimant was already receiving electro-acupuncture and myofascial release. The request was not substantiated. The request for a consultation with a psychologist is not medically necessary.