MAXIMUS Federal Services

Case Number:	CM15-0079520		
Date Assigned:	04/30/2015	Date of Injury:	11/28/2012
Decision Date:	06/12/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	04/24/2015

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: Pennsylvania, Ohio, California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 50 year old female, who sustained an industrial injury on 11/28/2012. She has reported injury to the low back. The diagnoses have included lumbar spondylosis; spondylolisthesis L5 on S1; thoracic myofascial pain; and reactive depression/anxiety. Treatment to date has included medications, diagnostics, lumbosacral orthosis, and acupuncture. Medications have included Tramadol, Naproxen, and Pantoprazole. A progress note from the treating physician, dated 03/06/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of low back pain and thoracic pain; anxiety and depression; and discontinued analgesic medication. Objective findings included decreased lumbar spine range of motion; and thoracic range of motion is limited with pain. The treatment plan has included the request for 1 psychological consult: second opinion with different psychologist to evaluate/treat depression and anxiety.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 psychological consult: second opinion with different psychologist to evaluate/treat depression and anxiety: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: MTUS recommends psychological evaluation in many situations. This request, however, is for repeat psychology evaluation with a different psychologist. The rationale or necessity of such an additional psychological evaluation is not apparent. The requested 2nd opinion consult is not medically necessary.