

Case Number:	CM15-0092458		
Date Assigned:	05/19/2015	Date of Injury:	07/13/2012
Decision Date:	06/19/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/14/2015

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: Preventive Medicine, Occupational 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 65 year old male who sustained an industrial injury on 7/13/12. The injured worker was diagnosed as having chronic neck pain with underlying moderate degenerative disc disease C5-C6 and stenosis at C4, C5, C6 and C7, right and left shoulder painful motion, chronic mild back pain with diffuse degenerative disc disease, and chronic low back pain with 3 millimeter disc protrusion L2-3 and L3-4 and 3-4 millimeter disc protrusion and L5-S1. Currently, the injured worker was with complaints of discomfort in the spine and bilateral shoulders. Previous treatments included medication management. The injured workers pain level was noted as 8/10. Physical examination was notable for tenderness to palpation to the C5-C6 and L4-L5 spinous process. The plan of care was for a consultation with a psychologist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with Psychologist: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS ACOEM Chapter 7: Independent Medical Examinations and Consultations, page 127.

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

Decision rationale: MTUS Guidelines support Psychological evaluations for individuals with a chronic pain syndrome. It is clearly documented that this individual has developed a chronic pain syndrome with its attendant association with depression. There has been a prior Psychiatric evaluation, but the records do not provide a clear indication regarding any follow up treatment or therapy as a result of this evaluation. Under these circumstances, Guidelines support a Psychology consultation and it is medically necessary. If necessary, any treatment recommendations can be reviewed in the future for compliance with Guidelines.