

Case Number:	CM15-0095185		
Date Assigned:	05/21/2015	Date of Injury:	01/03/2014
Decision Date:	06/30/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/18/2015

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 male, who sustained an industrial injury on 01/03/2014. He has reported subsequent neck, right shoulder, lower extremity and low back pain and was diagnosed with right shoulder impingement syndrome vs. right cervical radiculopathy, left L4-L5 extruded disc herniation and left leg radiculopathy. Treatment to date has included oral pain medication, epidural steroid injections and trigger point injections. In a progress note dated 04/21/2015, the injured worker complained of neck and low back pain. Objective findings were notable for mildly decreased sensation of the left L4, L5 and S1 dermatomes and positive straight leg raise at 80 degrees on the left. A request for authorization of psychological evaluation for surgical clearance was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychological Evaluation for surgical clearance: Upheld

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

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 pain in neck, right shoulder, lower extremity and low back and has been diagnosed with right shoulder impingement syndrome vs. right cervical radiculopathy, left L4-L5 extruded disc herniation and left leg radiculopathy. The request does not specify the type of surgery recommended for which a psychological consultation is being requested. Psychological clearance is needed only for certain specific surgeries. The request for Psychological Evaluation for surgical clearance is not medically necessary at this time.