

Case Number:	CM15-0098624		
Date Assigned:	06/01/2015	Date of Injury:	07/06/2012
Decision Date:	07/07/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/21/2015

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 49 year old male, who sustained an industrial injury on 7/6/12. The injured worker was diagnosed as having lumbar disc disease. Treatment to date has included a L5-S1 epidural steroid injection, lumbar surgery, home exercise and medication. Currently, the injured worker complains of lumbar pain and left lower extremity pain. The treating physician requested authorization for a psychological consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychological consultation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines psychological evaluations.

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

Decision rationale: Based on the medical records, which consisted of only the UR determination letter, the injured worker has continued to experience some chronic pain for which a consult with

a psychologist was recommended. Unfortunately, without sufficient information to substantiate the request, the request for a psychological consultation is not medically necessary.