

<b>Case Number:</b>	CM13-0017195		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	04/10/2012
<b>Decision Date:</b>	01/30/2014	<b>UR Denial Date:</b>	08/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 38-year-old male who sustained an industrial injury on 4/10/12 to his neck, left shoulder, right elbow, back and knees. The patient is status post right knee arthroscopy on 5/12/12 and microlumbar decompression L5-S1 on 7/9/13. The patient has been treated with physical therapy, chiropractic, medications and lumbar epidural steroid injection. Peer-To-Peer PR2 dated 6/19/13 states patient has low back pain at 8/10 on pain scale with increased pain in his feet and left leg. He reports increased anxiety due to his ongoing pain. He denies suicidal ideation. He has been taking Mobic, three Elavil and Terocin cream. Patient microlumbar surgery has been authorized. The patient was prescribed Mobic 7.5mg #30, Medrox patches and Elavil.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**pain psychologist consultation:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG Cognitive Behavioral Therapy Guidelines

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

**Decision rationale:** This patient has demonstrated psychological issues such as depression and anxiety. Psychological intervention is recommended throughout the MTUS, especially for chronic pain and chronic pain issues, and in respect to functional restoration. Therefore, as guides recommend psychological consultation, this evaluation is medically necessary.