

<b>Case Number:</b>	CM13-0025357		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	10/29/2008
<b>Decision Date:</b>	01/24/2014	<b>UR Denial Date:</b>	09/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2013

### 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 Psychology, 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 claimant is a 43 year-old (DOB 12/25/70 ) female with date of injury of 10/29/08. Mechanism of injury is not noted. In his report dated 9/6/13, [REDACTED] listed the following as chronic problems: (1) myalgia and myositis, unspecified; (2) open wound of buttock, complicate; (3) migraine; (4) radial styloid tenosynovitis; (5) headache; (6) other pain disorder related to psychological factors; (7) muscle spasm; (8) cervicgia; (9) neck sprain; (10) cervical spondylosis without myelopathy; (11) depression; (12) postlaminectomy syndrome of cervical region; (13) dysthymic disorder; (14) long-term (current) use of other medications; (15) insomnia due to a medical condition classified elsewhere; (16) backache, unspecified; (17) suicidal ideation; (18) deeneration of cervical intervertebral disc; (19) thoracic or lumbosacral neuritis or radiculitis; (20) displacement of cervical intervertebral disc; (21) pain disorders related to psychological factors; (22) chronic pain due to trauma; (23) common migraine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Referral: Psychologist consult:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Treatment in Workers' Comp (TWC), Section Pain Procedure.

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

**Decision rationale:** Based on the medical report dated 9/6/13, the employee is in need of psychological services and will benefit from an initial psychological consultation. The MTUS guidelines recommend a psychological evaluation and indicates that psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in 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 interpretations of the evaluation should provide clinicians with a better understanding of the patient in their social environment, thus allowing for more effective rehabilitation. Based on the above cited guidelines, the request for a "psychological evaluation" is medically necessary. With that being said, it appears that the employee has either already seen or will be seen by a psychotherapist subsequent to this request. The follow-up report dated 11/19/13 indicates the employee will start seeing a psychotherapist "this week."