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| <b>Case Number:</b>   | CM13-0036988 |                              |            |
| <b>Date Assigned:</b> | 12/13/2013   | <b>Date of Injury:</b>       | 02/28/2011 |
| <b>Decision Date:</b> | 03/20/2014   | <b>UR Denial Date:</b>       | 09/18/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/22/2013 |

### 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 Texas. 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 36-year-old male who reported a work-related injury on 2/28/11. The patient was changing a tire on a police car at the time of injury. The most recent physical examination revealed the patient had pain rated at 5-6/10. The patient's pain was thought to be secondary to a herniated disc with L5-S1 radiculitis. The patient's diagnoses were herniated nucleus pulposus without myelopathy, and disorders of the sacrum and sciatica.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Minnesota Multiphasic Personality Inventory (MMPI):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Evidence based medicine.

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

**Decision rationale:** The California MTUS guidelines recommend psychological evaluations prior to spinal cord stimulator trials. The request was made for the evaluation prior to the spinal cord stimulator; however, the spinal cord stimulator trial was not medically necessary. There was a lack of documentation of exceptional factors to warrant the necessity for testing. Given the

above and the lack of documentation of exceptional factors, the request for MMPI is not medically necessary.