

<b>Case Number:</b>	CM13-0045882		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	07/30/2012
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	11/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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. The expert reviewer is licensed 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 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/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 54 year-old male [REDACTED] with a date of injury of 7/30/12. The claimant sustained injury to his neck, back, and shoulders when he lifted a patient who was on the ground on a board. The claimant sustained this injury while working for the [REDACTED]. In [REDACTED] [REDACTED] dated 11/22/13, [REDACTED] diagnosed the claimant with disorders of bursae and tendons in shoulder region, unspecified; cervicgia and depressive disorder, NOS.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PSYCHIATRIC EVALUATION AND TREATMENT:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment ( CA MTUS 2009), Psychological evaluations Page(s): 101-102, 100-101.

**Decision rationale:** The California MTUS guidelines regarding psychological evaluations and psychological treatment will be used as references for this case. Based on the review of the medical records, the claimant continues to experience chronic pain since his injury in July 2012 as well as symptoms of depression. Based on the guidelines cited, the request for an evaluation

that will offer specific diagnostic information as well as appropriate treatment recommendations appears reasonable. However, the need for subsequent treatment cannot be established until the evaluation has been completed. As a result, the request for psychiatric evaluation and treatment is not medically necessary.