

<b>Case Number:</b>	CM13-0048359		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	10/19/2009
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	10/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2013

### 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 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 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 64 year-old male ( ) with a date of injury of 10/19/09. The claimant injured his neck and back while being jolted in a track loader while working. The treating physician indicated that the claimant's diagnoses include: (a) intractable low back pain with radiculopathy; (b) bilateral lower extremity radiculopathy; (c) lumbar discopathy; (d) lumbar spine facet arthropathy; (e) lumbar spine neuroforaminal narrowing; and (f) right S1 radiculopathy, per EMG. It is also reported that the claimant developed psychiatric symptoms secondary to his work-related orthopedic injury. In a "Permanent and Stationary Psychological Evaluation" dated 9/10/13, the claimant was diagnosed with Major depressive disorder, single episode, mild and Generalized anxiety disorder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FOLLOW-UP PSYCHOLOGICAL CONSULTATION ONE TIME A MONTH FOR 3-6 MONTHS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations, Behavioral interventions Page(s): 100-101,23.

**Decision rationale:** The CA MTUS guidelines regarding psychological evaluations and behavioral interventions will be used as references for this case. Based on the review of the limited and outdated medical records, the claimant completed a psychological evaluation in September 2013. It is unknown whether the claimant received any follow-up psychotherapy. The records submitted for review do not provide adequate or sufficient information to substantiate the request for additional psychological consultations. As a result, the request for "FOLLOW-UP PSYCHOLOGICAL CONSULTATION ONE TIME A MONTH FOR 3-6 MONTHS" is not medically necessary.