

<b>Case Number:</b>	CM13-0056642		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	12/13/2012
<b>Decision Date:</b>	03/24/2014	<b>UR Denial Date:</b>	11/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/22/2013

### 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 59 year-old male with a date of injury of 12/13/12. According to medical records, the claimant sustained injuries to his shoulder and neck when carrying a sheet of plywood. In his Primary Treating Physician's Progress Report - PR-2 dated 11/20/13, [REDACTED]. [REDACTED] diagnosed the claimant with: (1) Multilevel cervical spondylosis C3-C7; (2) Moderate bilateral foraminal narrowing at C3-C4, severe bilateral foraminal narrowing C4-C5, as well as severe bilateral narrowing at C5-C6 with moderate right and severe left neuroforaminal narrowing as C6-C7; (3) Right shoulder pain with impingement with probable bursal side rotator cuff tear; and (4) Right-sided pectoralis tendon injury. In regards to the claimant's emotional state, in the PR-2 report dated 9/26/13, [REDACTED] indicates that the claimant has also been exceedingly anxious and feeling very depressed as a result of his multitude of physical complaints. Additionally, in his PR-2 report dated 11/4/13, [REDACTED] once again recommended evaluation by a psychologist for the claimant's anxiety and depression. It is the claimant's psychiatric symptoms that are most relevant to this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**outpatient psychology evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The CA MTUS guideline regarding the use of psychological evaluation is used as reference in this case. Based on the review of the medical records, [REDACTED] presents relevant information concerning the claimant's symptoms of depression and anxiety. The evidence supports a request for a psychological evaluation. However, the request for an additional outpatient psychology evaluation is not appropriate as only one evaluation is needed. As a result, the request as written for outpatient psychology evaluation is not medically necessary. It is noted that the claimant did receive a modified authorization for one psychological evaluation as a result of this request.