

<b>Case Number:</b>	CM13-0066451		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	09/17/2011
<b>Decision Date:</b>	06/19/2014	<b>UR Denial Date:</b>	12/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2013

### 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 patient is a employee [REDACTED] and had a claim for reflex sympathetic dystrophy of the lower limb associated with an industrial injury date of September 17, 2011. The utilization review from December 6, 2013 denied the request for mental muscle diagram. The reasons for denial were not made available. The treatment to date has included oral pain medications, TENS unit, spinal cord stimulator trial, and home exercise program. Medical records from 2013 were reviewed showing the patient complaining of bilateral lower extremity pain due to CRPS. The pain is rated at 9-10/10. The spinal cord stimulator trial did not provide significant benefit. Medications do little to address the pain. The patient reports of experiencing frustration due to persistent pain. On examination, the patient has a left-sided, antalgic gait.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A MENTAL MUSCLE DIAGRAM INDICATOR:** Upheld

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

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

**Decision rationale:** As stated on pages 100-101 of the California MTUS Chronic Pain Medical Treatment Guidelines, psychological evaluations are recommended and may help clinicians understand the patient in a social contacts. In this case, the patient has been suffering from chronic pain and has recently consulted with a psychologist who recommended behavioral therapy. However, the documentation did not provide any discussion concerning mental muscle diagram indicator evaluation. It is unclear what the indication for this request is. Therefore, the request for mental muscle diagram is not medically necessary.