

<b>Case Number:</b>	CM13-0071254		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	06/20/2006
<b>Decision Date:</b>	04/10/2014	<b>UR Denial Date:</b>	11/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2013

### 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 36 year-old male [REDACTED] with a date of injury of 6/20/06. According to medical records, the claimant injured his spine when he lifted a bucket of meat while working at a supermarket. In their visit note 11/20/13, [REDACTED] and expert assistant, [REDACTED], diagnosed the claimant with: (1) Syndrome postlaminectomy lum, S/P Prosthetic disc replacement, L5-SI, 5/2008; (2) Sciatica; (3) Disorders sacrum; (4) Unspecified major depression, recurrent episode; (5) Syndrome postlaminectomy lum; and (6) Chronic pain NEC. Over the years, the claimant has been medically treated via physical therapy, aquatic therapy, H-wave unit, a home exercise program, injections, and surgery. It is also noted that the claimant sustained injury to his psyche secondary to his work-related physical injury. Although there are no psychological/psychiatric medical records included for review, there are references within [REDACTED] reports that the claimant had been diagnosed by his previous treating psychologist, [REDACTED], with Major depressive disorder and Pain disorder in addition to exhibiting features of posttraumatic stress disorder. It is the claimant's mental health issues and diagnoses 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:

**Psychology Consultation:** Upheld

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

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

**Decision rationale:** The CA MTUS guideline regarding the use of psychological evaluations will be used as reference for this case. According to [REDACTED] visit note dated 11/20/13, the claimant "tried harming himself with scissors" and had "an urgent psychology consultation with [REDACTED]". Although this emergency consultation was completed, there are no medical records offered for review. It is also noted that the claimant completed previous psychotherapy and biofeedback with [REDACTED] in 2012 and 2013. However, once again, there are no psychological/psychiatric records included for review. It is unclear whether another psychological consultation is necessary. Because there are no records from [REDACTED] consultation, it is unclear as to whether she completed a full evaluation or simply provided emergency/crisis intervention. Without recent and relevant documentation, the need for additional services cannot be fully substantiated. As a result, the request for a "Psychology consultation 1X1" is not medically necessary. It is suggested that future requests include the most relevant documentation and medical records that provide suitable evidence to substantiate the request.