

<b>Case Number:</b>	CM14-0001446		
<b>Date Assigned:</b>	01/17/2014	<b>Date of Injury:</b>	10/22/2013
<b>Decision Date:</b>	04/09/2014	<b>UR Denial Date:</b>	12/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/03/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Clinical Psychology has a subspecialty in Health Psychology and Pain Management 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 physician 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:

According to the medical records provided for this independent review, this injured worker reported a date of injury of October 22nd 2013. At that time the reported injuries occurred while he was cutting dead branches from a tree using a gas chainsaw during the course of his normal work activities. A large branch fell to the ground, bounced and hit him the head, impacting and lacerating his face when it bounced off the floor. The patient has subjective complaints of headache on the left side of his face with neck pain that increases when he turns his head, flexing or extending, and there is numbness and tingling in the right hands and fingers. He also has complains of low back pain and with lifting, pushing, squatting, and bending with radicular pain into the groin. The patient is reporting continued neck and back pain with about 5 percent improvement derived from acupuncture. No psychological (potential) diagnosis was discussed and there was virtually no mention of any psychological issues. A request for a psychological evaluation was made but was found to be not medically necessary based on the lack of a clearly stated psychiatric condition. This independent medical review will address a request to overturn this decision.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychological evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions, Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92; 398. Decision based on Non-MTUS Citation CA DWC MTUS ACOEM 2004 OMPG, Independent Medical Examinations and Consultations, Chapter 7, page 127

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

**Decision rationale:** After carefully reviewing 73 pages of his medical file that were provided for this independent medical review, there is insufficient documented evidence of a psychological issue that would necessitate a comprehensive psychological evaluation. There was only 2 extremely brief mentions of any psychological issues in the entire chart and one of them was just a referral notation. The second note consisted of one or two sentences mentioning depression/anxiety without any further details. While the MTUS guidelines for psychological evaluations state that they are a generally accepted and well-established diagnostic procedure to distinguish between pre-existing problems and those activated by the current injury, in this case there is insufficient mention of psychological symptoms//issues that the patient is facing to justify and deem medically appropriate a full evaluation. This finding does not state that there no problems only that none have been adequately documented and that because of this there does not appear to be an active and ongoing psychological problem Thus the evaluation/assessment cannot be approved.