

<b>Case Number:</b>	CM14-0009862		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	11/22/2011
<b>Decision Date:</b>	06/25/2014	<b>UR Denial Date:</b>	01/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2014

### 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 47 year-old male (██████████) with a date of injury of 11/22/11. According to the progress notes offered for review, the claimant sustained injuries to his back, neck, bilateral knees, ankles feet, and right shoulder while working for ██████████. The mechanism of injury was not found within any of the progress notes and there were no evaluation reports included for review. It appears that the claimant has received several medical diagnoses. In a "Progress Note" dated 1/14/14, ██████████ diagnosed the claimant with: (1) Lumbar degenerative disc disease; (2) Discogenic low back pain; (3) Bilateral S2 radiculitis; and (4) Chronic pain syndrome. In a different "Progress Note" from ██████████ dated 1/29/14, the claimant was diagnosed with: Right knee medical meniscal tear and Left knee internal derangement. Finally, in a "Progress Note" dated 1/20/14, Physician Assistant, ██████████ diagnosed the claimant with the following: (1) Bilateral wrist pain, status carpal tunnel release bilaterally; (2) Chronic right knee pain with osteoarthritis, status post right knee arthroscopy; (3) Chronic left knee pain; (4) Bilateral feet and ankle pain; (5) Lumbar degenerative disc disease with right lumbar radiculitis; (6) Neck pain; and (7) Right shoulder pain. It is also noted that the claimant has developed psychiatric symptoms related to his work-related orthopedic injuries and pain. It was written within some of the progress notes that the claimant also witnessed someone die during the time of his last injury however, no further information can be found.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 PSYCHOLOGY CONSULT AND 6 FOLLOW-UPS BETWEEN 1/2/2014 AND 3/4/2014:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PSYCHOLOGICAL TREATMENT,

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , PSYCHOLOGICAL EVALUATIONS, 100-101

**Decision rationale:** The CA MTUS regarding psychological evaluations and the behavioral treatment of chronic pain will be used as references for this review. Based on the review of the medical records, the claimant has been being treated for his numerous orthopedic injuries since his date of injury of 11/22/11. It was noted in the progress note dated 1/20/14 by [REDACTED], that the claimant has been seeing "a psychologist through his PCP" however, there are no psychological records offered for review. It does not appear that the claimant has been authorized for psychological services through this workman's comp system. Since there is mention of symptoms of depression, the request for a psychological evaluation/consultation appears appropriate. However, the request for follow-up psychotherapy sessions is premature as there has yet to be a psychological evaluation conducted that would offer more specific diagnostic information and treatment recommendations. Since the request for "1 PSYCHOLOGY CONSULT AND 6 FOLLOW-UPS BETWEEN 1/2/2014 AND 3/4/2014" have been lumped together, the request is not medically necessary.