

<b>Case Number:</b>	CM14-0100041		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	07/09/2008
<b>Decision Date:</b>	11/03/2014	<b>UR Denial Date:</b>	06/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2014

### 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 Psychiatry, has a subspecialty in Child & Adolescent 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 injured worker is a 60 year old male whose date of injury is 07/09/2008. The injured worker tripped over a cable under the desk and fell onto his hands and knees. Treatment to date includes cognitive behavioral therapy, medication management, physical therapy, chiropractic treatment, aquatic therapy, Synvisc injections in 2009, knee arthroscopy in 1999 and 2009, foot surgery in 2011, and knee replacement on 10/31/12. Office visit note dated 06/25/14 indicates that the injured worker complains of low back pain, bilateral hip pain and right knee pain. Diagnosis is pain in joint lower leg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychologist consultation/referral:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, page 127 and on the Non-MTUS Official Disability Guidelines (ODG), Pain

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Psychological evaluations

**Decision rationale:** MTUS is not applicable. The ODG Guideline indicates that psychological evaluations are recommended if there is a suspected psychological condition that impacts recovery, participation in rehabilitation, or prior to specified interventions. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in subacute and chronic pain populations. They should distinguish between conditions that are pre-existing, aggravated by the current injury, or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. The interpretations of the evaluation should provide clinicians with a better understanding of the patient in their social environment, thus allowing for more effective rehabilitation. The injured worker has already undertaken 20 sessions of cognitive-behavioral therapy (CBT), and as such, there is no compelling clinical rationale for his needing a psychological evaluation at this time, since a consultation would have been done prior to commencing the CBT treatments. And as there are no additional mental health complaints documented, the request is therefore not medically necessary on that basis.