

<b>Case Number:</b>	CM14-0124488		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	04/21/2010
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	07/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/06/2014

### 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 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:

According to the records that were provided for this independent review this patient is a 45-year-old female who reported a work-related injury on April 21, 2010. She worked as a bus driver whose job description was to open close windows, assist passengers who are boarding the bus she has bilateral shoulder pain and bilateral carpal tunnel syndrome from moving the steering wheel at work and bilateral knees, right foot/ankle pain; she is status post multiple shoulder surgeries, and bilateral carpal tunnel syndrome surgery, and left knee surgery, she has osteoarthritis and persistent pain in both knees. The request was made for one Psychological consult and was non-certified. No information was provided regarding her psychological diagnoses or any psychological symptoms or past treatment, no information was provided as to the rationale for the request. This independent review will address a request to overturn the non-certification decision.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychology consult:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part Two: Behavioral Interventions, Psychological Evaluation Page(s): 101-102..

**Decision rationale:** I reviewed all of medical charts that were provided for this independent review, which consisted of 70 pages of medical notes. A request was made for one psych consult it is not clear if the referral is for a psychological evaluation for an office visit. There was no mention of a single psychological symptom that the patient is having in response to multiple surgeries and chronic pain condition. Nor is there a rationale provided for the request for this treatment. An absence of any supportive information that explains the reason for the request cannot be found to be medically necessary, and therefore the request to overturn the UR decision is not granted. The request is not medically necessary.