

<b>Case Number:</b>	CM14-0125369		
<b>Date Assigned:</b>	08/11/2014	<b>Date of Injury:</b>	10/04/2013
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	07/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/07/2014

### 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 43-year-old female who was injured on October 4, 2013. The injury reportedly occurred due to being hit in the left side of her neck and head by a tetherball while employed for the [REDACTED] as a clerical assistant. The injury reportedly occurred as she stooped down to help a small child and when she stood up she believes she was hit by the tetherball that was being wheeled by a teenage student. She states that she was stunned, and knocked into semi-consciousness and felt dazed. Later she was told by a coworker that she had kept repeating after the incident "I want to go home, I need to go home" over and over again. When she arrived home she vomited. She reports constant headache and psychological symptoms of depression, anxiety, poor sleep, and stress as a result he has a diagnosis of post-concussion syndrome and cervical spine herniated disc with radiating pain. A request was made for a psychological evaluation and was noncertified as being not medically necessary with utilization rationale provided stating that there was insufficient documentation of objective functional limitations as a result of the psychological status. She reports neck pain with sharp and stabbing sensations and associated stiffness. In addition to medication she is having acupuncture and chiropractic treatment. She reports daily fatigue, balance issues, forgetfulness and difficulty with ADLs. A request was made for a psychological evaluation due to continued pain, and it was non-certified; this independent review will address a request to overturn that decision.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychological Evaluation:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part Two: Behavioral Interventions, Psychological evaluation Page(s): 100-101.

**Decision rationale:** According to the MTUS treatment guidelines for chronic pain psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are pre-existing, aggravated by the current injury related. They should also determine if further psychosocial interventions are indicated. I have conducted a thorough and comprehensive review of the patient's medical records as they were provided to me consisted of 217 pages. I found some significant psychological sequel that appears to be resulting from her injury. The patient has had multiple different conservative treatments to date but remains symptomatic both with pain and psychological symptoms suggesting delayed recovery. The utilization rationale for non-certification was stated that there was not a clearly stated connection between her psychological symptoms and functional impairment. I disagree with this conclusion and find that there appears to be significant limitations in her daily activities that resulted from her pain condition and resulting psychological symptoms. Therefore, the decision of this independent medical review is to overturn the non-certification of one psychological evaluation. It appears to me that this request is medically necessary and appropriate.