

<b>Case Number:</b>	CM14-0125877		
<b>Date Assigned:</b>	08/13/2014	<b>Date of Injury:</b>	01/07/2013
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	07/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/08/2014

### 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 Texas. 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 37-year-old male who reported an injury on 01/07/2013 while pulling a pallet jack with cases of milk, he lost his footing, which caused him to slip and twist the entire right side of his body. He did not fall to the ground. Diagnoses were cervical sprain/strain, status post right shoulder surgery, right elbow sprain/strain with some lateral epicondylitis, right wrist sprain/strain, lumbosacral sprain/strain, right knee patellofemoral pain, and right heel sprain/strain. Past treatments were physical therapy, massage, home exercise program, and acupuncture. Diagnostic studies were x-rays, electromyography/nerve conduction velocity (EMG/NCV) of the lower extremities, and MRI of the lumbar spine. Surgical history was right shoulder surgery. Physical examination on 06/03/2014 revealed complaints of neck pain and cervical spine. The injured worker reported that the neck pain has worsened since the date of the injury. He also complained of right shoulder pain that is present all the time. The injured worker had complaints of low back pain that was present all the time. Examination of the cervical spine revealed diffuse palpable tenderness throughout the cervical spine. There was minimal diffuse palpable tenderness throughout the right shoulder. There was a negative impingement sign of the right shoulder. Range of motion was normal. There was a negative Phalen's test of the bilateral wrists. There was a negative Tinel's sign of the right wrist. Knee reflexes were present and equal bilaterally. Straight leg raising in the sitting position was negative bilaterally. Straight leg raise in the supine position was negative bilaterally with complaints of low back pain only. Examination of the right knee revealed crepitation noted with the right patella. There was diffuse palpable tenderness throughout the right knee. There was palpable tenderness of the patellofemoral joint of the right knee. Palpation of the medial joint line did cause discomfort. Palpation of the lateral joint line did cause discomfort. Treatment plan was for physical therapy

and medications. The rationale was not reported. Request for Authorization was submitted for review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Psychosocial factors screening evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79. Decision based on Non-MTUS Citation ACOEM Chapter 6 Independent Medical Examinations and Consultations

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

**Decision rationale:** The decision for psychosocial factors screening evaluation is not medically necessary. The California Medical Treatment Utilization Schedule for psychological evaluations are generally accepted, well established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations. For the evaluation and prediction of patients who have a high likelihood of developing chronic pain, a study of patients who were administered a standard battery psychological assessment test found that there is a psychosocial disability variable that is associated with those injured workers who are likely to develop chronic disability problems. Child abuse and other past traumatic events were also found to be predictors of chronic pain patients. Another trial found that it appears to be feasible to identify patients with high levels of risk of chronic pain and to subsequently lower the risk for work disability by administering a cognitive behavioral intervention focusing on psychological aspects of the pain problem. There were no indications in the documents submitted for review to support the need for a psychological evaluation. The injured worker did not complain of being depressed. There were no episodes of crying. Therefore, the request is not medically necessary.