

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM14-0158630 |                              |            |
| <b>Date Assigned:</b> | 10/02/2014   | <b>Date of Injury:</b>       | 04/12/2013 |
| <b>Decision Date:</b> | 10/29/2014   | <b>UR Denial Date:</b>       | 08/26/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/26/2014 |

### 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:

The claimant is a 61 year-old female (██████████) with a date of injury of 4/12/13. The claimant sustained injury to her right extremity while working for the ██████████. In his "Physician Progress Report" dated 6/26/14, ██████████ offered the following diagnostic impressions: (1) Cervical degenerative disc disease with cervical radiculitis; (2) Chronic right shoulder tendinopathy; (3) Right lateral extensor tendinopathy; (4) Complex right upper quadrant chronic pain secondary to myofasciitis; and (5) Chronic pain related to anxiety and depression.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychologist Evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100-101.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100 101.

**Decision rationale:** The CA MTUS guideline regarding the use of psychological evaluations in the treatment of chronic pain will be used as reference for this case. Based on the review of the limited medical records, the claimant had exhibited some indications of anxiety and depression

secondary to her chronic pain as reported by ██████████ in his 4/10/14 "Physical Medicine and Rehabilitation Evaluation" report. Despite some mention of depression and anxiety, there were no other symptoms noted nor were there any explanations as to how those symptoms were impairing the claimant's ability to function or manage her pain effectively. Additionally, in his "Physician Progress Report" dated 6/26/14, ██████████ reported that the claimant's mood had improved. Given the lack of information to fully substantiate the need for a psychological evaluation, the request for a "Psychologist Evaluation" is not medically necessary.