

<b>Case Number:</b>	CM14-0158882		
<b>Date Assigned:</b>	10/30/2014	<b>Date of Injury:</b>	05/18/2011
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	09/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 Psychologist 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 48 year-old male [REDACTED] with a date of injury of 5/18/11. The claimant sustained injuries to his back, right knee, right hip, and right upper extremity while working for [REDACTED]. In his Agreed/Panel Medical-Legal Reevaluation dated 6/4/14, [REDACTED] diagnosed the claimant with: (1) Cervical spine strain/sprain; (2) Thoracic spine strain/sprain; (3) Lumbar spine strain/sprain; (4) Status post right shoulder impingement, subacromial decompression. Mumford procedure, and biceps tenosynovitis; (5) Status post right ulnar release with residual weakness, right lateral epicondylectomy with residual weakness; (6) Right knee medial meniscectomy; (7) Right knee patellofemoral chondromalacia; (8) Sleep disruption; (9) Daytime cognitive fatigue; and (10) Right greater trochanteric bursitis. Additionally, in his "Comprehensive Medical-Legal Evaluation Report" dated 7/15/4, [REDACTED] diagnosed the claimant with: (1) Positive diagnostic right L4-L5 and right L5-S1 medical branch lock; (2) Right lumbar facet joint pain at L4-L5, L5-S1; (3) Lumbar facet arthropathy; (4) Lumbar degenerative disc disease; (5) Small right paracentral disc protrusion at L4-L5; (6) Grade I retro L3; (7) Chronic low back pain; (8) Right knee internal derangement; and (9) Status post right knee surgery. It is also reported that the claimant is exhibiting symptoms of depression. It appears that a psychology PQME was attempted by [REDACTED] in November 2011 however the claimant did not fully complete it. Since that time, it does not appear that the claimant has completed another evaluation or participated in any psychiatric/psychological services. The request under review is for an initial evaluation by a psychologist as recommended by treating physician, [REDACTED].

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Appeal of review of 9/8/14 for a referral to psychologist:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Psychotherapy Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment , Psychological evaluations Page(s): 101-102; 100-101.

**Decision rationale:** The CA MTUS guidelines regarding the use of psychological treatment and psychological evaluations will be used as references for this case. In his Agreed/Panel Medical-Legal Reevaluation dated 6/4/14, [REDACTED] indicated that the claimant "is markedly depressed and additional treatment may be useful for him as specified under future medical treatment." He further recommended that the most appropriate treatment would be a multidisciplinary pain treatment program. Additionally, in her PR-2 report dated 8/5/14, [REDACTED] stated, "He feels depressed." She then indicated "authorization is requested for referral to a psychologist for evaluation and treatment as needed regarding complaints of depression." Step 2 of the CA MTUS indicates "Identify patients who continue to experience pain and disability after the usual time of recovery. At this point a consultation with a psychologist allows for screening, assessment of goals, and further treatment options, including brief individual or group therapy." Given that the claimant continues to experience chronic pain as well as symptoms of depression, an evaluation is appropriate at this time. As a result, the request for "Appeal To Review Of 9/8/14 for a Referral to Psychologist" is medically necessary.