

<b>Case Number:</b>	CM14-0159279		
<b>Date Assigned:</b>	10/02/2014	<b>Date of Injury:</b>	08/07/2010
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	09/12/2014
<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 Board Certified 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 40 year-old male (██████████) with a date of injury of 8/7/10. The claimant sustained injury to his left knee when he slammed it against a metal object while walking. The claimant sustained this injury while working for ██████████. In his "Follow-up Report of a Primary Treating Physician" dated 8/5/14, ██████████ diagnosed the claimant with: (1) Lumbosacral radiculopathy; and (2) Knee tend/burs.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychological Evaluation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, 2nd Edition Chapter 7 Independent Medical Examinations and Consultations

**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 will be used as reference for this case. Based on the review of the medical records, the claimant has continued to experience chronic pain since his injury in August 2010. In his "Follow-up Report of a Primary Treating Physician" dated 7/11/14, ██████████ indicated that he had read

██████████ QME report in which ██████████ diagnosed the claimant with a somatoform disorder and felt that he needed to be further evaluated. Based on this recommendation, ██████████ requested a psychological evaluation. Unfortunately, ██████████ report was not included for review therefore, his rationale for a psychological evaluation could not be viewed. Without appropriate information to substantiate the request, the request for a "Psychological Evaluation" is not medically necessary.