

<b>Case Number:</b>	CM14-0028145		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	10/19/2011
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	02/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2014

### 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 Child and Adult Psychiatry 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 injured worker is a 44-year-old who was injured at work on October 19, 2011. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated February 4, 2014, noted spinal tenderness in the lumbar paravertebral muscles with spasm. Dysesthesia of the lower extremities was present. Diagnostic imaging studies are referenced, however specific studies were not presented for review. Previous treatment included medications, a back brace, L3-L4 posterior interbody fusion, pain management, and assist devices. A request was made for psychological evaluation and treatment, and this was not certified in the pre-authorization process on February 10, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PSYCHOLOGICAL CONSULTATION:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101-102.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines indicate that 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. Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury or work related. Although progress report notes address the injured worker seeing pain management for an upcoming injection, documentation fails to support a diagnosis of chronic pain or a history of depressive symptoms. Therefore, the request for psychological consultation is not medically necessary or appropriate.