

<b>Case Number:</b>	CM14-0034668		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	09/29/2011
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	03/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2014

### 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 Psychologist 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 40-year-old female who reported an injury on 09/29/2011. The mechanism of injury was not provided for clinical review. The diagnoses included hand pain, carpal tunnel syndrome, spasms of muscles, and RSD of the upper limb. Previous treatments included physical therapy, medication, EMG, Nerve Conduction Study, and a stellate ganglion block. Within the clinical note dated 02/06/2014, it reported the injured worker complained of upper neck and right hand pain. The injured worker reported her quality of sleep as fair. The injured worker continued with physical therapy, with an increase in her activity level. Upon the physical examination, the provider noted the injured worker appeared to be calm and in mild pain. He noted there was tenderness at the trapezius and spasms at trigger points to the right upper trapezius. Tenderness was noted in the cervical spine, paracervical muscles and trapezius without edema. The provider noted the motor strength testing was limited by pain. He noted tendinitis and myofascial pain play a significant role in addition to neuropathic pain. The provider requested a referral to a psychologist for a functional restoration program evaluation. However, a rationale was not provided for clinical review. The request for authorization was not provided for clinical review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Referral to a Psychologist for Functional Restoration Program Evaluation: Upheld**

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

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

**Decision rationale:** The request for a referral to a psychologist for a functional restoration program evaluation is not medically necessary. The injured worker complained of upper neck and right hand pain. The California MTUS Guidelines note psychological evaluations are generally accepted, well-established diagnostic procedures, not only with selected use in pain problems, but also with more wide-spread use in chronic pain populations. Diagnostic evaluation should distinguish between conditions that are pre-existing, aggravated by current injury, or work related. The interpretation of an evaluation should provide clinicians with a better understanding of the patient in their social environment, thus allowing for a more effective rehabilitation. Some of the tests commonly used in the assessment of chronic pts include, BHI (battery for health improvement), Millon Behavioral Health Inventory, Millon Behavioral Medical Diagnostic, pain assessment battery, and Millon Clinician Mult-Axial Inventory. There is a lack of documentation indicating the injured worker had undergone any of the recommended tests. There is a lack of documentation of the extent or duration of the injured worker's issues to support the medical necessity of a psych eval. Therefore, the request for a referral to a psychologist for a functional restoration program evaluation is not medically necessary.