

<b>Case Number:</b>	CM14-0041414		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	07/22/2013
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	03/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2014

### 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 Clinical Psychology, has a subspecialty in Health Psychology and Pain Management 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:

According to the records provided for this independent medical review, this patient is a 42 year old female who reported an industrial/occupational work-related injury on 7/22/2013. The injury reportedly occurred during her normal duties as a housekeeper for [REDACTED] when she was squatting down to make a bed, and bent her knee feeling pain under the kneecap and something that popped. She had trouble getting up and immediately notified her boss that she was injured; she continued to try to work for 2 weeks but soon fired from her job. The records indicate anxiety, depression, and severe headache. She reports continued and significant constant calf pain that intensifies with weight bearing, stairs and walking for more than 5 to 10 minutes. She reports constant left leg pain and constant left arm pain. Conventional and conservative medical treatment has not made a significant impact on her pain. A request for "Psychologist Consultation" was made and non-certified. This independent medical review will address a request to overturn the non-certification of this treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychologist Consultation:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations. Decision based on Non-MTUS Citation American College of

Occupational and Environmental Medicine , 2nd Edition, Chapter 7 -Independent Medical Examinations and Consultations.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions: Part Two, Psychological evaluation Page(s): 100.

**Decision rationale:** The utilization review decision to non-certify 1 visit of psychologist consultation was based on insufficient information provided for the need of this type of intervention: no mental status exam provided by treating provider, no initial evaluation qualification of the patients psychological symptoms provided, and no documentation of how her anxiety and depression have been impacted the quality of her life. According to the MTUS guidelines psychological evaluations are generally well accepted, well established diagnostic procedures not only with selected use in pain problems, but with more widespread use in chronic pain populations. I agree with the finding that supporting documentation is severely limited in this case. I reviewed all 70 pages of medical records that were provided for this review and found that there no discussion of the psychological difficulties and struggles that that patient is having and would warrant the use of a psychological consultation. However, this is often the case with relatively newly injured workers being treated by primary care doctors and especially when the worker has English as a second language as might be the case here (it's not entirely clear if this applies for this patient). The MTUS guidelines do not require a mental status exam or any of the things that mentioned by UR. Psychological consultation for an injured worker who is reporting depression and anxiety is an appropriate intervention and can further delineate the issues that she is having with regards to adjusting to her chronic pain condition. Therefore my finding is to overturn the non-certification decision and to accept the referral for psychological consultation to determine if psychological treatment is necessary and if so to better guide it. The request is medically necessary.