

<b>Case Number:</b>	CM14-0041917		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	05/20/2013
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	03/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2014

### 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:

The records provided for this independent medical review reveal a 43 year old male patient who reported an industrial/occupational work-related injury on May 20th 2013. The injury apparently occurred during his normal and usual customary duties as a machine operator; at that time he stepped up a four foot high step and turned to carry more boxes when his foot slipped and he heard a crack and felt a sharp pain as his foot twisted abnormally. He was able to finish his work that day and he report the injury to his boss. The sharp pain, swollen and bruises to his right foot subsequently worsened and he is experiencing low back pain, right knee pain and pain in his right heel when walking. The entire posterior lateral right leg is painful with numbness and tingling sensations. There are additional areas of pain in his neck, shoulders, elbows, and wrists. The request is for a psychological evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychological evaluation 1x1:** Upheld

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

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

**Decision rationale:** I have carefully reviewed this patient's medical records as they were provided to me which consisted of approximately 323 pages. I was unable to find mention of any psychological or psychiatric distress. The rationale/need for psychological evaluation was not provided anywhere in the report. There was one statement that his psychological condition was negative for depressive symptoms. It remains somewhat unclear why this patient was referred for psychological evaluation at this time: there is no indication of psychiatric or psychological distress. The reasonable assumption being that the rationale behind the referral for psychological consultation is the patient has been many months post injury and seems to have some degree of delayed recovery. According to the California MTUS guidelines for psychological evaluation they are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in sub-acute and chronic pain populations. But not every patient needs to have an evaluation simply because they have delayed recovery and the medical notes stated that he is reporting 70% or greater recovery as of the time of this request. So because there is no documented psychological symptomology and the patient appears to be getting better all be it very slowly. Insufficient information is provided to warrant overturning the decision therefore the request for a psychological evaluation is not medically necessary.