

<b>Case Number:</b>	CM14-0045679		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	04/28/2010
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	03/25/2014
<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 licensed in Psychologist and is licensed to practice in Utah. 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:

This is a 51-year-old male with a 4/28/10 date of injury, when he injured his lower back carrying a hydrant. The patient was seen on 1/14/14 with complaints of low back pain radiating the left leg. The patient stated that he attended a functional restoration program, which helped him with pain coping skills but did not lessen his symptoms. He underwent physical therapy (PT), chiropractic treatments and epidural injections. The patient has been disabled since 09/2010. Exam findings revealed diminished sensation in all dermatomes of the left leg, antalgic gait and decreased range of motion in the lumbar spine. The patient stated that he had sleeping problems and felt chronically sleep deprived. The diagnosis is lumbar sprain/strain with radiculopathy, sprain of the shoulder and upper arm and chronic pain syndrome. Treatment to date: shoulder superior labral tear from anterior to posterior (SLAP) repair, PT, chiropractic treatments, epidural injections and medications. An adverse determination was received on 3/25/14 given that the patient previously underwent a functional restoration program and had improved coping skills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain/psychological evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions; Multidisciplinary Pain Programs Page(s): 23, 101.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Consult and Treatment Page(s): 100-101. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6 Independent Medical Examinations and Consultations, pages 127 and 156 and the Official Disability Guidelines (ODG) (Pain Chapter).

**Decision rationale:** CA MTUS states that consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. CA MTUS states that psychological evaluations are recommended and 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. The progress note dated 1/14/14 stated that the patient attended functional restoration program in the past. The request for pain/psychological evaluation is not clear. There is no rationale indicating why the patient needs pain/psychological evaluation. Therefore, the request for pain/psychological evaluation is not medically necessary.