

<b>Case Number:</b>	CM14-0050850		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	10/01/2005
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	03/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2014

### 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 Clinical Psychology, 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 that were provided for this IMR, this patient is a 57-year-old female who reported an industrial related injury that occurred on October 1, 2005. The injury reportedly occurred when she was delivering pizza to a customer and she slipped on a wet tile floor, fell backwards, landed on her back and hit her buttocks against the edge of a concrete step. Pain complaints include neck and low back. She is status post posterior spinal arthrodesis and has a diagnosis of carpal tunnel syndrome and status post spinal surgery. The documentation provided for this IMR consisted of approximately 24 pages, none of which discussed the patient having psychological symptomology. A request was made for psychological consultation, the request was denied. UR review rationale for their determination was stated as: "the clinical information submitted for review failed to include documentation regarding the request for a psychological consultation. The patient was not noted to have symptoms of anxiety, depression or other psychological concerns. In the absence of documentation regarding the patient's need for a psychological consultation, the request is not supported." This independent medical review will address a request to overturn that decision.

### 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 Evaluations Page(s): 100-101.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines behavioral interventions, psychological evaluation Page(s): 100-101.

**Decision rationale:** According to the MTUS psychological evaluations are generally accepted, well-established diagnostic procedures not only with selective use in pain problems, but with more widespread use in chronic pain populations. Diagnostic evaluation should distinguish between conditions that are pre-existing, aggravated by the current injury or work-related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. It does not appear that any additional documentation was provided for this independent review than was made available for the original utilization review decision. The record as it was provided contains no psychological symptomology and there is no stated rationale for why the consultation is needed. The medical necessity of a psychological evaluation cannot be evaluated due to insufficient documentation. There was no information regarding prior psychological treatments nor was there any information about if she has had, or has not, any prior psychological evaluations and if so when they may have occurred. Because the reason and intention for the request was not provided, the medical necessity is not established, and the utilization review decision is upheld.