

<b>Case Number:</b>	CM14-0055645		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	09/15/2010
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	03/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 45 year old male with a work injury dated 9/15/10. The diagnoses include aftercare of surgery of the musculoskeletal system (lumbar spine), lumbar disc displacement with myelopathy, lumbar sprain/strain. Under consideration is a request for a psychosocial screen. There is a primary treating physician report dated 3/5/14 where the patient complains of frequent sharp low back pain and bilateral knee aching. On exam there was +4 spasm and tenderness to the bilateral lumbar paraspinal muscles from L3 to S1 and multifidus. The lumbar range of motion was measured by an external goniometer or digital protractor. A Kemp's test was positive bilaterally. The straight leg raise test was positive on the left. A Yeoman's test was positive bilaterally. The left Achilles reflex was decreased. The S1 dermatome was decreased on the left to light touch. The knee exam revealed that there was +1 spasm and tenderness to the bilateral anterior joint lines. The patient's knee range of motion was measured by an external goniometer or digital protractor. The treatment plan included medication, a psychosocial factors screen, a screen to see if the patient is a candidate for work hardening and a functional capacity evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychosocial factors screen:** Overturned

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

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

**Decision rationale:** A psychosocial evaluation is medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that psychosocial evaluations should determine if further psychosocial interventions are indicated. The patient has had an injury in 2010 and continues to have chronic pain from his injury. It is appropriate to have a psychosocial evaluation to address any psychological barriers that may be inhibiting his recovery. The request for a psychosocial evaluation is medically necessary.