

<b>Case Number:</b>	CM14-0059868		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	12/08/2012
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	03/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2014

### 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 Psychology and is licensed to practice in Texas. 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 injured worker is a 52-year-old female who reported an injury on 12/08/2012 which reportedly occurred when she was pushing a heavy dialysis machine on a cart into the elevator, hurting her low back. Prior treatments included lumbar x-rays, MRI, epidural steroid injections, surgery and medications. On 04/20/2013, the injured worker underwent right-sided L3-5 laminectomies. On 11/08/2013, the injured worker had a prior interlaminar epidural steroid injection with no therapeutic response. The injured worker noticed significant improvement in pain in the month following the laminectomies; however, the injured worker had recurrence of low back pain beginning around 07/20/2013. On 08/25/2013, the injured worker underwent an MRI that revealed disc desiccation with minimal annular disc bulge at L2-3, at L3-4. The injured worker was a status post laminectomy, micro discectomy, with mild perineural fibrosis surrounding the proximal right traversing L4 nerve root. It was noted that there was mild facet hypertrophy without foraminal narrowing. On 03/20/2014, the injured worker complained of continuous radiating low back pain down to the bilateral lower extremities. It was noted her back pain was worse with sitting or flexion of the spine, and her pain level was rated at a 7/10 in the back and a 6/10 in her legs. The physical examination of the lumbar spine revealed no problems with ambulation, strength in lower extremities was normal; however, there was decreased sensation to light touch along the right lateral calf. The straight leg raise was negative. The medications included Tramadol, Flexeril, Diclofenac Patch, and Motrin. It was noted that the injured worker was anxious and had mood changes. The request was for consult on psychology. The rationale for the psychology consultation was due to the injured worker's anxiousness and mood changes. The authorization for request was submitted on 03/28/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consult: Psychology Consultation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Physiological Evaluations Page(s): 100.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) Guidelines recommend psychological evaluations 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. Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. The interpretations of the evaluation should provide clinicians with a better understanding of the patient in their social environment, thus allowing for more effective rehabilitation. For the evaluation and prediction of patients who have a high likelihood of developing chronic pain, a study of patients who were administered a standard battery psychological assessment test found that there is a psychosocial disability variable that is associated with those injured workers who are likely to develop chronic disability problems. On 03/20/2014, it was documented that the injured worker reported anxiousness and mood changes; however, there is no indication that there are functional deficits related to these symptoms that support the need for a psychological consultation at this time. In addition, there was lack of documentation that all her current complaints significantly affect the injured worker's daily function, social activities, and quality of life. In addition, there was no conservative care listed for the injured worker such as physical therapy. There was lack of evidence of failed outcome measurements such as physical therapy sessions, medications or home exercise regimen. Given the above, the request for psychology consultation is not medically necessary.