

<b>Case Number:</b>	CM14-0061045		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	12/07/2013
<b>Decision Date:</b>	08/11/2014	<b>UR Denial Date:</b>	04/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2014

### 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 as a Psychologist, 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 25-year-old female with a reported date of injury on 12/07/2013. The mechanism of injury was not submitted within the medical records. Her diagnoses are noted to include cervical disc herniation with myelopathy, lumbar disc displacement with myelopathy, thoracic sprain/strain, and bursitis and tendinitis of the left shoulder. Her previous treatments were noted to include surgery, physical therapy, and medications. The progress note dated 03/19/2014 revealed the injured worker complained of pain to the cervical/thoracic/lumbar spine and left shoulder. The physical examination of the cervical spine revealed 3+ spasm and tenderness to the bilateral paraspinal muscles from C4-7, bilateral suboccipital muscles, and bilateral upper shoulder muscles. The axial compression test was positive, as well as the distraction test and shoulder depression test. The left biceps reflex was decreased as well as the brachioradialis reflex. The thoracic examination revealed a 3+ spasm and tenderness to the bilateral thoracic paraspinal muscles from T5-8. The lumbar spine examination revealed 3+ spasm and tenderness to the bilateral lumbar paraspinal muscles from L2-S1 and multifidus. The lumbar range of motion was decreased and the Kemp's, Yeoman's were positive, and the right patellar reflex was decreased. The shoulders were noted to have 3+ spasm and tenderness to the left upper shoulder muscles and left upper trapezius. Speed's test was positive, as well as the supraspinatus test. The Request for Authorization form was not submitted within the medical records. The request for a psychosocial factors screening is due to the injured worker has shown problems beyond anticipated time of healing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychosocial Factors Screening:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines EVALUATION OF PSYCHOSOCIAL FACTORS; PSYCHOLOGICAL EVALUATION Page(s): 7; 100-101.

**Decision rationale:** The request for psychosocial factors screening is non-certified. The injured worker has been complaining of pain to her cervical/thoracic/lumbar spine and left shoulder. California Chronic Pain Medical Treatment Guidelines states evaluation of psychosocial factors is for patients with a complex presentation, psychosocial factors have proven better predictors of chronicity than clinical findings. Such variables/factors can and should be assessed. The guidelines recommend psychological evaluations 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 better understanding of the patient and 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. Childhood abuse and other past traumatic events were also found to be predictors of chronic pain patients. There is a lack of documentation regarding the injured worker having a complex presentation to warrant a psychosocial factors screening. Therefore, the request is non-certified.