

<b>Case Number:</b>	CM14-0069403		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	12/20/2011
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	04/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2014

### 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 51-year-old male who reported injury on 12/20/2011. The injured worker developed symptoms in his left shoulder and left hand/wrist due to repetitive work activities. He attributed the symptoms to lifting and assembling sofa back rests which weighed about 50 pounds. He had to hold the back rest with his left hand up and use the right hand to nail the back rest to the sofa. He would have to pull and fold the upholstery material together, staple onto the sofa. He stated he initially noticed symptoms in right hand and would wrap his left hand with a bandage. The injured worker's treatment history included physical therapy sessions, acupuncture sessions, and medications. The injured worker was evaluated on 03/26/2014 and it was documented the injured worker complained of pain in his cervical spine and left shoulder. Physical examination showed spasm and tenderness to the bilateral cervical paraspinal muscles, decreased range of motion, positive compression test and distraction test, positive shoulder depression test), decreased reflexes, spasm and tenderness in the shoulders, positive Codman's test and Speed's test and positive supraspinatus test on the left. The provider noted there was psychosocial factors preventing recovery assessment dated 03/13/2014 noted for the injured worker's scored at 171 revealing the injured worker is a high risk for developing long term disability or failure to return to work. Based on this test, he may need further psychological intervention to help facilitate return to work and overall recovery. The Request for Authorization dated 03/26/2014 was for 1 psychosocial factor screening visit for the neck and left shoulder per chronic pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Psychosocial factors screening visit for the neck and left shoulder chronic pain:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations Page(s): 100-101.

**Decision rationale:** MTUS Guidelines state psychological evaluations are recommended, generally accepted, well-established diagnostic procedures not only with selective use in pain pumps, but also with more widespread use in a chronic pain populations. Diagnostic evaluations should distinguish between conditions that are pre-existing. Psychosocial evaluations should determine if further psychosocial interventions are indicated. Guideline criteria have not been met, as there is no documentation noting psychological complaints for this injured worker. Therefore, the request is not medically necessary at this time.