

<b>Case Number:</b>	CM14-0082194		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	04/06/2010
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	05/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2014

### 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 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:

The claimant is a 65 year-old female with a date of injury of April 6, 2010. The claimant sustained injury to her neck, back, right shoulder, and right hip as the result of a motor vehicle accident while working for [REDACTED]. In the April 17, 2014 visit note, the claimant was diagnosed with cervical facet syndrome, cervical pain, lumbar facet syndrome shoulder pain, low back pain and hip bursitis. It is also reported that the claimant has developed psychiatric symptoms secondary to her work-related orthopedic injuries. In the supplemental psychiatric QME dated February 21, 2014, the provider diagnosed the claimant with mood disorder due to a medical condition (right shoulder dysfunction, documented full-thickness rotator cuff tear/adhesive capsulitis and chronic low back syndrome) with major depressive-like features, severe, without psychosis and anxiety disorder due to a medical condition (right shoulder dysfunction, documented full-thickness rotator cuff tear/adhesive capsulitis and chronic low back syndrome).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Referral to Pain Psychologist, [REDACTED] for consultation, evaluation/treatment**  
**QTY: 1.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Psychological treatment Page(s): 101-102.

**Decision rationale:** Based on the review of the medical records, the claimant continues to experience chronic pain as well as symptoms of depression and anxiety secondary to her pain. In the supplemental psychiatric QME dated February 21, 2014, the provider recommended psychotherapy services. The provider also recommended psychological services given the claimant's continued symptoms. The recommendation for a psychological evaluation is reasonable in order to gather a more specific diagnosis and appropriate treatment recommendations. However, psychological treatment is premature without the completion of an evaluation. As a result, the request is not medically necessary.