

<b>Case Number:</b>	CM14-0084946		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	12/17/2010
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	05/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/06/2014

### 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 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 59-year-old male who reported an injury on 12/17/2010. The mechanism of injury was not stated. The current diagnoses include cervical disc displacement, stenosis in the lumbar spine, and lumbar disc displacement without myelopathy. The injured worker was evaluated on 05/06/2014 with reports of ongoing lower back pain. The injured worker also reported complaints of depression. Physical examination revealed an antalgic gait, tenderness to palpation of the lumbar spine, decreased sensation in the right lower extremity, 2+ deep tendon reflexes, and positive straight leg raising on the right. Treatment recommendations included authorization for 6 followup visits with a psychologist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Follow Up Visits with Psychologist:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405.

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state the frequency of follow-up visits may be determined by the severity of symptoms, whether the patient was

referred for further testing and/or psychotherapy, and whether the patient is missing work. Although the injured worker reports mild symptoms of depression, there is no documentation of a comprehensive psychological examination. The injured worker does not maintain a diagnosis of anxiety or depression. Additionally, there was no quantity listed in the current request. As such, the request is not medically necessary.