

<b>Case Number:</b>	CM14-0207122		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	10/08/2008
<b>Decision Date:</b>	02/12/2015	<b>UR Denial Date:</b>	11/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2014

### 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 a licensed Psychologist (PHD, PSYD), 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 injured worker is a 55 year-old male (██████████) with a date of injury of 10/8/2008. The injured worker sustained injury to his back and right thumb when a table that he was moving dropped. The injured worker sustained this injury while working for ██████████. He has been diagnosed with: (1) Thoracic sprain/strain injury; (2) Lumbosacral disc injury; (3) Thoracic disc injury; (4) Bilateral S1 lumbosacral radiculopathy; (5) Right thumb internal derangement, right thumb TFCC tear with superficial distal ulnar medial, extensor, and carpal ulnaris disruption as well as status post-surgical repair of the right thumb; (6) Status post repair of the right thumb at the level A2 and A3 pulley; (7) Anxiety; (8) Depression; and (9) Status post right knee surgery on 11/28/2012. The injured worker has been treated with medications, physical therapy, occupational therapy, acupuncture, injections, the use of a TENS unit, use of a walker, and surgery. The request under review is for a consultation with a psychologist for evaluation and treatment of his depressive symptoms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consultation with a Psychology Specialist for evaluation and treatment:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004 page 127

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment, Behavioral interventions Page(s): 101-102 and 23.

**Decision rationale:** The CA MTUS guidelines regarding the use of psychological treatments, behavioral interventions, and psychological evaluations will be used as references for this case. Based on the review of the medical records, the injured worker has continued to experience chronic pain since his injury in October 2008. He has also been experiencing psychological symptoms of depression secondary to his chronic pain. Given the injured worker's symptoms, a request for a psychological evaluation appears appropriate however; the request for follow-up treatment is premature. Prior to receiving any treatment, it is imperative to complete a thorough assessment/ evaluation in order to offer appropriate diagnostic information as well as relevant treatment recommendations. As a result, the request for a "Consultation with a psychology specialist for evaluation and treatment" is not medically necessary. It is noted that the injured worker received a modified authorization for a psychological evaluation only in response to this request.