

<b>Case Number:</b>	CM15-0009317		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	07/04/2012
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	01/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 27 year old male, who sustained an industrial injury on July 4, 2012. He has reported multiple injuries after he fell from a ladder. The diagnoses have included cervical, lumbar and knee sprain/strain, lumbar intervertebral disc displacement without myelopathy, anxiety syndrome, depression and fibromyalgia. Treatment to date has included diagnostic studies, physical therapy and medication. Currently, the injured worker complains of severe memory loss and trouble focusing. He complains of difficulty falling asleep due to pain and waking up during the night due to the pain. He has constant dull pain in the lumbar spine associated with radiation of pain, numbness and weakness. On January 6, 2015, Utilization Review non-certified a Psych evaluation, noting the California MTUS Guidelines. On January 15, 2015, the injured worker submitted an application for Independent Medical Review for review of Psych evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psych evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178, Acupuncture Treatment Guidelines, Chronic Pain

Treatment Guidelines Page(s): 1; 100-101. Decision based on Non-MTUS Citation ACOEM Chapter 7 page 127

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): 171, Chronic Pain Treatment Guidelines Chronic pain programs, early intervention Page(s): 32-33.

**Decision rationale:** According to MTUS guidelines, the presence of red flags may indicate the need for specialty consultation. In addition, the requesting physician should provide a documentation supporting the medical necessity for a pain management evaluation with a specialist. The documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. In the chronic pain programs, early intervention section of MTUS guidelines stated: Recommendations for identification of patients that may benefit from early intervention via a multidisciplinary approach: (a) The patient's response to treatment falls outside of the established norms for their specific diagnosis without a physical explanation to explain symptom severity. (b) The patient exhibits excessive pain behavior and/or complaints compared to that expected from the diagnosis. (c) There is a previous medical history of delayed recovery. (d) The patient is not a candidate where surgery or other treatments would clearly be warranted. (e) Inadequate employer support. (f) Loss of employment for greater than 4 weeks. The most discernable indication of at risk status is lost time from work of 4 to 6 weeks. (Mayer 2003). Although the patient's assessment indicated that he was suffering from depression and anxiety secondary to chronic pain, it seems that there is no need for psychological evaluation at this time. The patient has been recommended 6 acupuncture treatments. This acupuncture treatment may provide functional benefit, which will most likely improve the patient's psychological symptoms. In addition, the requesting physician should provide a documentation supporting the medical necessity for this evaluation. The documentation should include the reasons, the specific goals and end point for a referral to psychologist. Therefore, the request for Psych Evaluation is not medically necessary at this time.