

<b>Case Number:</b>	CM15-0109227		
<b>Date Assigned:</b>	06/16/2015	<b>Date of Injury:</b>	10/18/2011
<b>Decision Date:</b>	07/15/2015	<b>UR Denial Date:</b>	05/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/08/2015

### 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: California

Certification(s)/Specialty: Psychologist

### 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 49 year old female, who sustained an industrial injury on October 18, 2011. Treatment to date has included medications with requests for physical therapy pending. Currently, the injured worker complains of pain in her neck, right shoulder and lower back. She reports that the low back pain radiates into the back of the right thigh. She has tenderness to palpation of the neck, right shoulder and low back and has a positive straight leg raise test on the right. Her right shoulder has a reduced range of motion and is weak. The diagnoses associated with the request include facet joint arthropathy, degenerative disc disease, and rotator cuff tear. The treatment plan includes physical therapy, medications and request for psychiatric consultation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consultation with a psychologist to include extended time, testing interpretation by tech, psychological testing, and report:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations.

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

**Decision rationale:** Based on the review of the medical records, the injured worker continues to experience chronic pain since her work-related injury in 2011. The request under review is for a psychological consultation. It appears that the injured worker completed a psychological AME in September 2014 and it was recommended that she receive follow-up psychological services. In a Medical Services Authorization letter dated 1/23/15, the injured worker was authorized for 12-16 sessions of psychotherapy with [REDACTED]. It is unclear whether those sessions were completed as there are not records included for review. It is also unknown why the injured worker was referred to [REDACTED] for a psychological evaluation if psychotherapy sessions had already been authorized with [REDACTED]. Due to the lack of clarification as indicated above, the need for a psychological evaluation cannot be fully determined. As a result, the request for a consultation with a psychologist to include extended time, testing interpretation by tech, psychological testing, and report is not medically necessary.