

<b>Case Number:</b>	CM15-0161767		
<b>Date Assigned:</b>	08/27/2015	<b>Date of Injury:</b>	09/01/2011
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	07/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### 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 was a 39 year old male, who sustained an industrial injury, September 1, 2011. The injured worker previously received the following treatments Voltaren XR, Protonix, Naproxen, home based exercise program, Diclofenac, chiropractic services, EMG and NCS (electrodiagnostic studies and nerve conduction studies) which showed left and right sural sensory nerves showed prolonged distal peak latency at L4. The injured worker was diagnosed with chronic pain, lumbar radiculopathy, lumbar facet arthropathy, lumbar strain and or sprain. The physical exam noted right mid anterior thigh, right mid lateral calf and right lateral ankle were intact to light touch sensation. According to progress note of June 30, 2015, the injured worker's chief complaint was lower back pain. The injured worker was experiencing bowel issues. The injured worker was anxious and depressed. The treatment plan included requested a psychological evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychological evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100.

**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 has continued to experience chronic pain since his injury in 2011. There is minimal indication that he experiences or has experienced any psychiatric symptoms secondary to his work-related orthopedic injuries and chronic pain. In the 6/30/15 PR-2 report, it is noted that a "psyche consultation" was recommended for "A/D". It is assumed that the injured worker reported and/or demonstrated symptoms of anxiety and depression however; there was no other mention of these symptoms. Without sufficient information regarding psychiatric symptoms or any rationale for the request, the request for a psychological evaluation is not medically necessary.