

<b>Case Number:</b>	CM15-0169767		
<b>Date Assigned:</b>	09/10/2015	<b>Date of Injury:</b>	10/08/2014
<b>Decision Date:</b>	10/07/2015	<b>UR Denial Date:</b>	08/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2015

### 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: Physical Medicine & Rehabilitation

### 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 52 year old female who sustained an industrial injury on 10-8-14. Treatments include: medication, physical therapy, chiropractic care and acupuncture. Progress report dated 7-15-15 reports constant, throbbing, burning neck pain along with weakness. The pain is rated 7 out of 10 and travels down the left arm. The left shoulder pain is constant, sharp, throbbing and weak. the pain is rated 7 out of 10. The left wrist pain is constant and travels the left hand the pain is described and shooting with weakness and numbness. The pain is rated 5-8 out of 10. Diagnoses include: cervical spine strain and sprain, left shoulder strain and sprain, left wrist strain and sprain, headache, anxiety and depression and insomnia. Plan of care includes: request EMG and NCV, request MRI of cervical spine and left shoulder and wrist, request IF unit for home use, physical therapy 2 times per week for 6 weeks, Ultram and flexeril and recommend psycho-social evaluation with treatment. Work status: temporarily totally disabled. Follow up in 4 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychosocial evaluation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines Second Edition, 2004 Chapter 7 Independent Medical Examination and Consultations page 127.

**MAXIMUS guideline:** Decision based on MTUS Stress-Related Conditions 2004, Section(s): Initial Assessment.

**Decision rationale:** Submitted reports have not described what psychological evaluation are needed or identified what specific goals are to be obtained from the psychological evaluation to meet guidelines criteria. MTUS guidelines support continued treatment with functional improvement; however, this has not been demonstrated here whereby independent coping skills are developed to better manage episodic chronic issues, resulting in decrease dependency and healthcare utilization. Current reports have no new findings or clinical documentation to support the continued Psychotherapy evaluation. Additionally, if specific flare-up has been demonstrated, the guidelines allow for initial trial of 3-4 sessions with up to 6-10 visits over 5-6 weeks; however, there is no specific symptom complaints or clinical findings to support for the general psychological referral or general psychological treatment. The Psychosocial evaluation is not medically necessary and appropriate.