

<b>Case Number:</b>	CM15-0198357		
<b>Date Assigned:</b>	10/13/2015	<b>Date of Injury:</b>	07/08/2015
<b>Decision Date:</b>	11/20/2015	<b>UR Denial Date:</b>	09/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2015

### 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: Preventive Medicine, Occupational 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 34 year old female who sustained an industrial motor vehicle accident injury on 07-08-2015. A review of the medical records indicated that the injured worker is undergoing treatment for whiplash injury, lumbar strain, thoracic sprain and strain and left knee abrasion. According to the treating physician's progress report on 08-20-2015, the injured worker continues to experience midline neck and lower back pain and intermittent headaches rated at 4 out of 10 on the pain scale. Examination of the cervical spine demonstrated mild to moderate tenderness to the bilateral cervical paraspinal, suboccipital area, upper trapezii, levator scapula and mid thoracic paraspinal muscles with spasm. Range of motion was full with normal sensation, motor strength and reflexes. Spurling's was negative bilaterally. The lumbar spine noted mild tenderness of the paraspinal muscles and bilateral sacroiliac joint. Seated and supine straight leg raise were negative bilaterally. Patrick's-Faber's was positive bilaterally. Sensation, motor strength and reflexes in the lower extremity were intact. Psychologically the report dated 08-20-2015 noted negative difficulty sleeping, negative depression, negative anxiety or history of substance abuse. Bilateral upper extremity Electromyography (EMG) and Nerve Conduction Velocity (NCV) studies interpreted on 09-09-2015 stated "findings consistent with mild bilateral carpal tunnel syndrome. No ulnar neuropathy was noted. No evidence of acute cervical radiculopathy was noted". Bilateral lower extremity Electromyography (EMG) Nerve Conduction Velocity (NCV) studies interpreted on 09-01-2015 stated "no electorneurographic evidence of entrapment neuropathy was seen in the lower extremities. Electromyographic indicators of acute lumbar radiculopathy were not seen". Initial radiographic reports of the left

knee and cervical spine performed on 07-08-2015 were negative for acute pathology. Prior treatments have included diagnostic testing, physical therapy and medications. Current medications were listed as Cyclobenzaprine, Motrin, Naproxen, and topical analgesics. Treatment plan consists of continuing with medications, physical therapy, occupational therapy, full work duties and the current request for a Psychological evaluation. On 09-15-2015 the Utilization Review determined the request for Psychological evaluation was not medically necessary.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Psychological evaluation:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Stress-Related Conditions 2004, Section(s): General Approach, Diagnostic Testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological evaluations, IDDS & SCS (intrathecal drug delivery systems & spinal cord stimulators), Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental and Stress/Cognitive therapy for PTSD.

**Decision rationale:** MTUS Guidelines are supportive of Psychological evaluations and possible interventions for most individuals with a chronic pain disorder. The treating physician documents that there are symptoms of PTSD secondary to the motor vehicle accident. In addition, the treating physician documents insomnia in relationship to the event and the subsequent persistent pain. Under these circumstances, the requested Psychological evaluation is supported by Guidelines and is medically necessary.