

<b>Case Number:</b>	CM15-0212077		
<b>Date Assigned:</b>	10/30/2015	<b>Date of Injury:</b>	10/01/2008
<b>Decision Date:</b>	12/16/2015	<b>UR Denial Date:</b>	10/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2015

### 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: 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 47 year old male, who sustained an industrial injury on 10-01-2008. A review of the medical records indicates that the worker is undergoing treatment for post lumbar laminotomy pain syndrome, multilevel cervical spondylosis, history of major depressive disorder with suicidal ideation and chronic pain syndrome. Treatment has included pain medication, anti-depressant medication, psychotherapy, epidural steroid injections and surgery. A permanent and stationary report dated 07-01-2014 indicated that at some point the injured worker developed increasing severe depression symptoms with suicidal ideation for which he was admitted to the hospital and exhibited ongoing symptoms of depression, anxiety and stress. The physician noted that the worker may require intermittent contact with a psychologist and psychiatrist with stress induced increase in depression. Documentation shows that the worker had received psychotherapy and psychopharmacologic treatment for these symptoms in the past. Subjective complaints (05-12-2015, 06-30-2015 and 08-25-2015) included low back pain radiating to the bilateral buttocks but no psychological complaints were documented. Objective findings (05-12-2015 and 06-30-2015) included lumbar tenderness to palpation, multiple trigger points and positive twitch sign upon palpation of the lumbar spine with decreased range of motion due to pain. There was no documentation of a mental status examination. On 05-12-2015 and 06-30-2015 the physician noted that a request for authorization for evaluation and treatment with a psychologist for stress induced depression was needed. Objective findings (08-25-2015) included tenderness to palpation of the lumbar spine and decreased range of motion secondary to pain. There were no psychological complaints documented and no mental status examination

findings documented. The physician noted that there was an outstanding request for psychologist for stress induced depression and a request for authorization was submitted. A utilization review dated 10-07-2015 non-certified a request for psychological evaluation and treatment.

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

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

#### **Psychological Evaluation and Treatment: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological evaluations, Psychological treatment.

**Decision rationale:** Based on the review of the medical records, the injured worker has continued to experience chronic pain since his work-related injury in 2008. It also appears that the injured worker has developed psychiatric symptoms of depression secondary to his work-related pain. In the Permanent and Stationary Report dated 7/1/14, [REDACTED] noted that the injured worker had developed depression as well as some suicidal ideation secondary to his chronic pain. It was suggested in the report that the injured receive intermittent psychological services if needed. It does not appear that the injured worker received any services. In his progress note dated one year later, 8/25/15, [REDACTED] once again noted that the injured worker would benefit from psychological treatment. The request under review is based upon [REDACTED] recommendation. In the treatment of chronic pain as well as psychiatric symptoms, the CA MTUS recommends the use of psychological treatment. It is suggested that prior to the commencement of services, a psychological evaluation is conducted. A thorough evaluation is necessary not only in offering specific diagnostic information, but is providing appropriate treatment recommendations. Based on [REDACTED] notes, an evaluation appears appropriate. However, without having an evaluation already completed, the request for treatment is premature. As a result, the request for psychological evaluation and treatment is not medically necessary.