

<b>Case Number:</b>	CM15-0032554		
<b>Date Assigned:</b>	02/26/2015	<b>Date of Injury:</b>	11/15/2001
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	01/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2015

### 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: North Carolina, Georgia  
 Certification(s)/Specialty: Family Practice

### 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 55 year old male, who sustained an industrial injury on 11/15/2001. On provider visit dated 12/18/2014 the injured worker has reported low back pain and positive Kemp's test. Range of motion was decreased. The diagnoses have included lumbar surgical syndrome x3, lumbar chronic myofascial pain, cervical chronic myofascial pain, cervical radiculitis and possible opioid induced hyperalgesia. Treatment to date has included complex pharmacologic medication management and was noted to have unlying psychological issues. Treatment plan included detoxification program. On 01/23/2015 Utilization Review non-certified Psychiatric Evaluation and Treatment. The CA MTUS, Chronic Pain Medical Treatment Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychiatric Evaluation and Treatment:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 100.

**Decision rationale:** The CA MTUS does recommend initial psychological evaluation to evaluate and assess any comorbid conditions that might affect management of chronic pain. The request in this case is for psychological consultation because of an emotional component of the claimant's chronic pain management, which has not yet been addressed through psychiatric assessment. Psychiatric evaluation is medically indicated and the original UR decision was modified to approve psychiatric evaluation. However the request for both evaluation and treatment is not medically necessary because a decision regarding the medical necessity of treatment can only be determined after the evaluation is complete.