

<b>Case Number:</b>	CM15-0084275		
<b>Date Assigned:</b>	05/06/2015	<b>Date of Injury:</b>	02/06/2013
<b>Decision Date:</b>	06/04/2015	<b>UR Denial Date:</b>	04/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2015

### 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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

### 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 50 year old male, who sustained an industrial injury on February 6, 2013, incurring low back and left knee and ankle injuries. Lumbar Magnetic Resonance Imaging revealed disc bulging and stenosis with facet arthropathy. He was diagnosed with lumbar disc disease, lumbar facet syndrome, left knee sprain and left ankle sprain. Treatment included pain medications, and a surgical open reduction and internal fixation of the left hip. Currently, the injured worker complained of pain in the lumbar spine, neck pain, left knee, left hip and left ankle, on a 6/10 pain scale with medication. The treatment plan that was requested for authorization included a psychological consultation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychological consultation:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): Chapter 7 IME and Consultations, page 127.

**Decision rationale:** The patient is a 50 year old male with an injury on 02/06/2013. He had an open reduction and internal fixation of his left hip. Currently he has back, neck, left hip and left ankle pain. More than two years after the injury, it is unclear why a psychological consultation would alter the long term health outcome of his injury. The documentation did not meet MTUS, ACOEM criteria for consultation services.