

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM15-0087849 |                              |            |
| <b>Date Assigned:</b> | 05/12/2015   | <b>Date of Injury:</b>       | 04/29/2013 |
| <b>Decision Date:</b> | 06/22/2015   | <b>UR Denial Date:</b>       | 04/23/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/07/2015 |

### 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:

This is a 36 year old male with an April 29, 2013 date of injury. A progress note dated April 3, 2015 documents subjective findings (headache; neck pain that radiates to the upper back with reduced range of motion; right shoulder pain with reduced range of motion and tingling and numbness that radiates in the right upper extremity; right wrist, hand, and finger pain that radiates to the right elbow with reduced range of motion; lower back pain with limited and painful movements; bilateral ankle pain), objective findings (tenderness to palpation over the right trapezius and right levator; pain with flexion and extension of the cervical spine; tenderness to palpation over the lateral and superior aspects of the right shoulder; pain with flexion, abduction and external rotation of the right shoulder; abnormal contour of the right biceps; generalized tenderness to palpation of the right wrist, hand, and fingers; decreased sensation to light touch in the index finger and thumb), and current diagnoses (cephalgia; cognitive and possible psychological disturbances; cervical spine sprain/strain with myofasciitis; non-displaced anterosuperior labral tear of the right shoulder; right hand paresthesia; right hand, thumb volar plate injury; right carpal tunnel syndrome; thoracic/trapezius sprain/strain; left foot plantar fasciitis). Treatments to date have included physical therapy for the neck, electromyogram/nerve conduction velocity study of the bilateral upper extremities, magnetic resonance imaging arthrogram of the right shoulder, magnetic resonance imaging of the right hand and wrist, and medications. The medical record indicates that the injured worker's headaches were thought to be psychological in nature. The treating physician documented a plan of care that included an evaluation with a psychologist.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Evaluation with Psychologist:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physiological treatment Page(s): 101-102.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations Page(s): 100-101.

**Decision rationale:** Based on the review of the medical records, the injured worker has continued to experience chronic pain since his injury in April 2013. In the PR-2 report dated 4/15/15, treating physician, [REDACTED], indicates that the injured worker is experiencing "cephalgia and cognitive and possible psychological disturbances." Given that the psychological field is out of [REDACTED] scope of practice, a psychological evaluation that will provide a specific psychiatric diagnosis as well as appropriate treatment recommendations, appears to be reasonable. As a result, the request for a psychological evaluation is medically necessary.