

<b>Case Number:</b>	CM15-0094285		
<b>Date Assigned:</b>	05/20/2015	<b>Date of Injury:</b>	10/13/2014
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	04/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2015

### 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: Arizona, California

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 46-year-old female, who sustained an industrial injury on 10-13-14. She reported left elbow and left hand pain. The injured worker was diagnosed as having adjustment disorder with mixed anxiety and depressed mood. Other diagnoses included contusion of the face, cervical spine strain, contusion of the left elbow, sprain of the left wrist, and cervical degenerative disc disease with radiculopathy into the right upper extremity. Treatment to date has included treatment with a psychiatrist and medication including Ativan, Ambien, and Prozac. On 3-26-15 the treating physician noted "the patient exhibits a less tense and dysphoric mood." On 3-25-15 the injured worker had complaints of neck pain, arm pain, and left wrist pain. On 3-26-15, the injured worker complained of anxiety, tension, irritability, depression, insomnia, impaired memory and concentration, and low energy. The treating physician requested authorization for a psychological consultation for symptoms related to the lumbar and cervical area. On 4-14-15, the request was non-certified by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 psychological consultation for symptoms related to the lumbar & cervical area: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** According to the guidelines, behavioral and CBT is appropriate and recommended for those with chronic pain. However, the claimant had an extensive evaluation in February 2015 and a follow-up in March 2105. The clamant was placed on anti-depressants and was to follow-up in 1 month. Periodic follow-up visits are not found in the records. There is no indication for another evaluation vs. follow-up for medical management or CBT. The request was not substantiated and therefore not medically necessary.