

<b>Case Number:</b>	CM14-0127601		
<b>Date Assigned:</b>	08/15/2014	<b>Date of Injury:</b>	08/08/2013
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	07/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2014

### 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. The expert reviewer is Board Certified in Psychiatry and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 37 year old female with date of injury 8/3/13. Date of the UR decision was 7/16/14. Comprehensive Pain Management consultation dated 01/30/2014 suggested that the injured worker suffered from chronic lower back pain secondary to repetitive trauma at work. She was diagnosed with Lumbar myoligamentous injury with bilateral lower extremity radicular symptoms. It has been suggested that she has received treatment in form of medications, lumbar epidural injection, chiropractic manipulations, physical therapy. Report dated 7/1/2014 suggested that she continued to complain of pain in her lower back radiating down to both lower extremities, but right greater than left. Her pain level was a 7/10 in intensity on that day. It was indicated that due to her ongoing pain, with significant functional limitations, she had been feeling depressed and was requesting to be seen by a psychologist. It was noted that despite her depressive symptoms, she denied having any thoughts of hurting herself or others. It was noted that she had a lumbar epidural injection on 03/17/14 with at least 70 percent pain relief to the lower back as well as radicular symptoms to the lower extremities with notable improvement in mobility and activity tolerance. It has been suggested that the injured worker has been prescribed Prozac for depressive symptoms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Evaluation By** XXXXXXXXXX **For Comprehensive Psychological Evaluation;:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 23, 100-102.

**Decision rationale:** California MTUS states that behavioral interventions are recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain recommend screening for patients with risk factors for delayed recovery, including fear avoidance beliefs. Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using cognitive motivational approach to physical medicine. The request for Comprehensive Psychological Evaluation is medically indicated because the injured worker suffers from psychological issues secondary to chronic pain related to the industrial injury. However, an evaluation with only a specific provider cannot be justified per the guidelines. Thus, a request for Evaluation By [REDACTED] [REDACTED] For Comprehensive Psychological Evaluation is not medically necessary.