

<b>Case Number:</b>	CM14-0143090		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	10/14/2013
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	08/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2014

### 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 Licensed in Psychology, and 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 claimant is a 58 year-old male [REDACTED] with a date of injury of 10/14/13. The claimant sustained injury to his back and shoulder when he lifted a tote weighing approximately 50lbs. The claimant sustained this injury while working for [REDACTED]. In his PR-2 report dated 7/29/14, [REDACTED] diagnosed the claimant with: (1) Lumbar disc displacement without myelopathy; (2) Sciatica; (3) Thoracic disc displacement without myelopathy; (4) Partial tear of rotator cuff tendon of the left shoulder; and (5) Lumbar sprain/strain. His orthopedic injuries have been treated with physical therapy and acupuncture. He has not been psychologically evaluated nor participated in any psychological services for this claim.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One Psychosocial Factors Screening, as an outpatient for back pain:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines ([www.odg-twc.com](http://www.odg-twc.com); Section: Stress/Mental

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment, Psychological evaluations Page(s): 101-102, 100-101.

**Decision rationale:** The CA MTUS guidelines regarding psychological treatment and the use of psychological evaluations in the treatment of chronic pain will be used as references for this case. Based on the review of the medical records, the claimant continues to experience pain despite receiving conservative care. In his PR-2 report dated 7/29/14, [REDACTED] indicated that the claimant "has continued pain past the anticipated time of healing, indicating chronicity." The CA MTUS suggests "Step 2: Identify patients who continue to experience pain and disability after the usual time of recovery. At this point a consultation with a psychologist allows for screening, assessment of goals, and further treatment options, including brief individual or group therapy." Given [REDACTED] concern over the claimant's symptoms and chronicity of his pain, a psychological consultation appears appropriate as indicated by the CA MTUS. As a result, the request for "One Psychosocial Factors Screening, as an outpatient for back pain" is medically necessary.