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| <b>Case Number:</b>   | CM14-0148818 |                              |            |
| <b>Date Assigned:</b> | 09/18/2014   | <b>Date of Injury:</b>       | 02/25/2013 |
| <b>Decision Date:</b> | 10/17/2014   | <b>UR Denial Date:</b>       | 09/11/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/12/2014 |

### 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 licensed in Psychology 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 claimant is a 48 year-old male (██████████) with a date of injury of 2/25/13. The claimant sustained injury to his back when he slipped and fell off a truck while working for ██████████. In his PR-2 report dated 8/27/14, ██████████ diagnosed the claimant with: (1) Musculoligamentous sprain/strain, lumbar spine; (2) DDD (Degenerative Disc Disease) with HNP (Herniated Nucleus Pulposus) L4-5 with progressive deficits, acute HNP (Herniated Nucleus Pulposus); and (3) Depression. The claimant has been treated for his orthopedic injury and pain with medications, physical therapy, home exercise program, injections, work restrictions, surgery, and psychotherapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Referral for psych consult:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

**Decision rationale:** The CA MTUS guidelines regarding the use of psychological evaluations will be used as reference for this case. Based on the review of the medical records, the claimant

continues to experience chronic pain since his injury in February 2013. It is also reported that he is experiencing symptoms of depression. In his "Primary Treating Physician's Substantial Change in Condition Report" dated 3/24/14, ██████████ noted that the claimant completed a cognitive-behavioral consultation with ██████████ in November 2013 and was authorized to receive 4 CBT sessions, which were completed in November and December 2013. Unfortunately, neither ██████████ evaluation nor the progress notes/reports were included for review. Given that the claimant completed an evaluation in November, another evaluation is not necessary. As a result, the request for a "Referral for psych consult" is not medically necessary.

**Psych treatment, unspecified:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23.

**Decision rationale:** The CA MTUS guidelines regarding the use of behavioral interventions will be used as reference for this case. Based on the review of the medical records, the claimant continues to experience chronic pain since his injury in February 2013. It is also reported that he is experiencing symptoms of depression. In his "Primary Treating Physician's Substantial Change in Condition Report" dated 3/24/14, ██████████ noted that the claimant completed a cognitive-behavioral consultation with ██████████ in November 2013 and was authorized to receive 4 CBT sessions, which were completed in November and December 2013. Unfortunately, neither ██████████ evaluation nor the progress notes/reports were included for review. Without ██████████ records, the claimant's response to therapy including whether he obtained any objective functional improvements (per CA MTUS guidelines) is not known and therefore, the need for additional services cannot be fully determined. As a result, the request for a "Psych treatment, unspecified" is not medically necessary.