

<b>Case Number:</b>	CM14-0155768		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	03/26/2014
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	08/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2014

### 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:

Injured worker is a 48 year old male with date of injury 3/26/2014. Date of the UR decision was 08/28/2014. He has been diagnosed with Unilateral Inguinal Hernia and Sprain in Lumbar Region. Report dated 07/17/2014 documented constant, moderate pain in the lower back region, marked stiffness of the lower back and also noted some radicular component to his lower back pain, with associated numbness and tingling sensations involving both lower extremities, down to the level of the thighs. The provider recommended a Psychological evaluation for chronic pain for the injured worker per that report. Report dated 5/20/2014 listed constant, moderate pain in the lower back region as well as in the left groin/inguinal region. It was listed that he had been receiving chiropractic therapy to the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychological Testing with IN & REP, QTY: as needed:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Mental and Stress < Psychological evaluations

**Decision rationale:** ODG states that "Psychological evaluations are recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in subacute and chronic pain populations. Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. The request for Psychological Testing with IN & REP, QTY: as needed is not medically necessary. The request does not clearly indicate the Psychological tests that would be performed, the frequency or the length of time it is intended to be continued for.

**Psychiatric Diagnostic Evaluation:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398.

**Decision rationale:** ACOEM guidelines page 398 states: "Specialty referral may be necessary when patients have significant psychopathology or serious medical co morbidities." Upon review of the submitted documentation, there is no indication of any severe psychological symptoms being experienced by the injured worker that would warrant the need for a Psychiatric Diagnostic Evaluation. Thus, the request for a Psychiatric Diagnostic Evaluation is not medically necessary at this time.