

<b>Case Number:</b>	CM14-0184722		
<b>Date Assigned:</b>	11/12/2014	<b>Date of Injury:</b>	11/14/1985
<b>Decision Date:</b>	12/19/2014	<b>UR Denial Date:</b>	10/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2014

### 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 55 year-old male (DOB) with a date of injury of 11/14/85. The claimant sustained injury to his back while working for [REDACTED]. In his visit note dated 9/11/14, [REDACTED] offered the following diagnostic impression: Cervical spondylosis, with multiple musculoskeletal complaints. In that same report, [REDACTED] wrote, "I have recommended Pain psychology evaluation and management. We will see him back once he has been cleared from a pain psychology standpoint." The request under review is based on this recommendation and request from [REDACTED]. The claimant has also been receiving psychiatric treatment with Psychiatrist, [REDACTED]. In his "Psychiatric Progress Note-Phone" dated 9/25/14, [REDACTED] indicated that the claimant is diagnosed with: Major Depressive Disorder with psychotic features and Chronic Pain Disorder Associated with Both Psychological Factors and a General Medical Condition.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psych Evaluation/ Pre Surgical Evaluation:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Psychological evaluations (Chronic Pain Medical Treatment Guidelines, CA MTUS 2009)  
Page(s): 100.

**Decision rationale:** The CA MTUS guideline regarding the use of psychological evaluations in the treatment of chronic pain will be used as reference for this case. Based on the review of the medical records, the claimant continues to experience chronic pain despite having sustained his injuries in 1985. He has been receiving treatment over the years that has also included psychiatric services. In his visit note dated 9/11/14, [REDACTED] recommended that the claimant complete a psychological evaluation for pain, which may also serve as a pre-surgical psychological consultation. The CA MTUS recommends psychological evaluations. Considering that the claimant remains symptomatic with both chronic pain as well as with symptoms of depression, a psychological evaluation appears to be an appropriate referral in order to gather appropriate treatment recommendations. As a result, the request for a Psych Evaluation/ Pre Surgical Evaluation is medically necessary.