

<b>Case Number:</b>	CM14-0210076		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	02/13/2014
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	11/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
State(s) of Licensure: California  
Certification(s)/Specialty: Psychologist

### 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 36 year-old female [REDACTED] with a date of injury of 2/13/2014. The injured worker sustained injury to her neck and back related to performing her usual and customary duties as a customer service representative for [REDACTED]. She has been diagnosed with: Musculoligamentous injury; Myofascial pain; Cranio-cervical headaches; and Stress reaction. She has been treated for her injury with medications and physical therapy. It is noted in [REDACTED] 10/15/14 report that the injured worker "reports anxiety and depression and difficulty sleeping. Patient reports stress, dizziness, anxiety, crying, fatigue, financial hardship, inability to not being able to function as before and worried about the future." Given these observations, [REDACTED] recommended a psychological evaluation and treatment. This request was denied by UR on 11/24/2014 and is subsequently being reviewed for IMR.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychological Evaluation and Treatment:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment; Behavioral interventions Page(s): 100-102, 23. Decision based on Non-MTUS Citation ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain.

**Decision rationale:** Based on the review of the medical records, the injured worker continues to experience pain resulting from her work-related injury in February 2014. In his 10/15/14 consultation report, [REDACTED] noted psychological symptoms of anxiety and recommended a psychological evaluation as well as follow-up treatment. Although an evaluation may be warranted given the injured worker's symptoms and diagnosis of "Stress Reaction", the request for treatment is premature. As a result, the request for "Psychological Evaluation and Treatment" is not medically necessary.