

<b>Case Number:</b>	CM14-0214968		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	10/03/2013
<b>Decision Date:</b>	02/24/2015	<b>UR Denial Date:</b>	11/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/22/2014

### 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 (IW) is a 42 year-old female with a date of injury of 10/03/2013. The IW sustained injury to her back and right hip as the result of getting her shoe caught while walking, which resulted in a twisting of her body. The IW sustained this injury while working as a senior manager/key accounts for [REDACTED]. She has been diagnosed with: Radiculopathy; Myofascial pain; Sacroiliac joint pain; Sprain/strain hip/thigh CT; Sprain/strain lumbar region; Disorders sacrum; and Lumbago. Additionally, in the August PR-2 report, Dr. [REDACTED] noted that the IW has "poor pain control and dysfunction, psychosocial maladjustment." The request under review is for an initial psychological evaluation and follow-up treatment from psychologist, Dr. [REDACTED], which was denied by UR on 11/24/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychologist evaluation and treatment (unspecified freq/duration) for pain coping skills & anxiety:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM - Independent Medical Examinations and Consultations regarding Referrals, Chapter 7

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment (Chronic Pain Medical Treatment Guidelines, CA MTUS 2009), pages 101 and.

**Decision rationale:** The IW has continued to experience chronic pain since her injury in October 2013 and has demonstrated difficulties in managing it, which is possibly interfering with her ability to recover. It was noted back in August 2014, that the IW has "poor pain control" coping skills and demonstrates "psychosocial maladjustment." The CA MTUS recommends the use of psychological treatment when recovery has taken longer than necessary and it is suspected that psychological interventions could be beneficial. It appears that the IW would benefit from a psychological evaluation in order to gain a better understanding of the IW's psychosocial barriers, offer a more precise diagnostic picture, and provide appropriate treatment recommendations. However, follow-up treatment cannot be determined without an adequate evaluation. Therefore, the request for treatment is premature. As a result, the request for a psychological evaluation and treatment is not medically necessary.