

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM15-0014366 |                              |            |
| <b>Date Assigned:</b> | 02/02/2015   | <b>Date of Injury:</b>       | 08/05/2014 |
| <b>Decision Date:</b> | 03/25/2015   | <b>UR Denial Date:</b>       | 01/19/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/26/2015 |

### 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 40 year old female, who sustained an industrial injury on 8/5/14. She has reported low back pain after hearing a crack in the lower back with pulling a roll of carpet on the floor. The diagnoses have included lumbar strain with left sided radiculitis. Treatment to date has included medications, diagnostics, and 12 sessions of physical therapy. Currently, the injured worker complains of continued low back pain and all over the back area. Magnetic Resonance Imaging (MRI) of the lumbar spine dated 12/16/14 was normal. There were no documented physical therapy sessions noted. The progress note dated 12/9/14 revealed that the physician felt that the injured worker was having some psychological issues and she would be referred for a psyche consult. She will be seen again in 6 weeks. She was to remain off work until next appointment which was 1/19/15. On 1/19/15 Utilization Review non-certified a request for one referral to psyche consult for evaluation and treatment if needed, for the management of lumbar pain, as an outpatient, noting the documentation does not support the medical necessity of a psychological evaluation. The (MTUS) Medical Treatment Utilization Schedule guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One referral to psyche consult for evaluation and treatment in needed, for the management of lumbar pain, as an outpatient: Upheld**

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

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

**Decision rationale:** In [REDACTED] 12/9/2014 PR-2 report, he noted that the injured worker was "having some psychological issues" and therefore, he was referring her for a psychological consult. Unfortunately, there is no documentation describing the injured worker's symptoms or descriptions of her psychological issues. It is unclear what is meant by psychological issues and without more information to substantiate the request, the request for a psychological evaluation is not medically necessary.