

<b>Case Number:</b>	CM15-0017601		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	07/18/2010
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	12/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2015

### 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, Arizona, Maryland  
Certification(s)/Specialty: Psychiatry

### 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 55 year old male, who sustained an industrial injury on 7/8/10. He has reported persisting physiological stress. The diagnoses have included anxiety, depression and sleep problems. Treatment to date has included oral medications and group therapy. As of the PR2 dated 1/15/15, the injured worker reported anxiety and nervousness. He indicated that he is constantly thinking about work. The treating physician requested psychological evaluation and treatment. There are no other progress notes included in the case file. On 12/30/14 Utilization Review modified a request for psychological evaluation and treatment to psychological evaluation only. The utilization review physician cited the MTUS guidelines for psychological evaluations. On 1/15/15, the injured worker submitted an application for IMR for review of psychological evaluation and treatment.

### 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:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations, Psychological Treatments.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Psychological evaluations Page(s): page(s) 100-102.

**Decision rationale:** California MTUS states that behavioral interventions are recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain recommends screening for patients with risk factors for delayed recovery, including fear avoidance beliefs. Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using cognitive motivational approach to physical medicine. Chronic Pain Medical Treatment Guidelines also state that "Psychological treatment is recommended for appropriately identified patients during treatment of chronic pain." Upon review of the submitted documentation, it is indicated that the injured worker suffers from chronic pain and psychological issues such as anxiety and depression secondary to the same. The request for a Psychological evaluation is clinically indicated, however the request for ongoing treatment can be based on the results of the Psychological evaluation/consultation. Thus, the request for Psychological Evaluation and Treatment is not medically necessary. It is to be noted that the UR physician authorized Psychological evaluation part of the request but not the treatment part.