

<b>Case Number:</b>	CM13-0030751		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	09/29/2011
<b>Decision Date:</b>	04/07/2014	<b>UR Denial Date:</b>	09/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2013

### 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 Psychologist and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working least at 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 patient is a 47-year-old female who reported an injury on 09/29/2011 after she was hit with a closet door that caused her to fall to the ground and strike the back of her head. The patient's treatment history included physical therapy, medications, epidural steroid injections, and psychiatric consultation. As result of the psychiatric consultation, a referral was made to a specialized pain psychology physician for evaluation and treatment. The patient's most recent clinical evaluation documented the patient had constant pain in her neck rated 7/10 that was exacerbated to 9/10 with movement and radiated into her bilateral upper extremities. Objective findings included cervical trapezius myofascial tenderness with spasming. The patient's diagnoses included cervical strain and a thoracic strain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PAIN PSYCHOLOGY CONSULTATION WITH [REDACTED] FOR EVALUATE AND TREAT:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychologica Evaluations Page(s): 101.

**Decision rationale:** The requested pain psychology consultation with [REDACTED] for evaluation and treatment is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does recommend psychological evaluation for patients who have delayed recovery and chronic pain. However, appropriateness of treatment would need to be based on the results of that evaluation. Although an additional evaluation may be indicated for this patient, the need for treatment cannot be determined. As such, the requested pain psychology consultation with [REDACTED] for evaluation and treatment is not medically necessary or appropriate.