

<b>Case Number:</b>	CM13-0035602		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	07/23/2009
<b>Decision Date:</b>	04/21/2014	<b>UR Denial Date:</b>	10/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2013

### 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 Board Certified in Internal Medicine, Pulmonary Disease and is licensed to practice in California. 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/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 61-year-old female who reported an injury on 07/23/2009 due to cumulative trauma while performing normal job duties. The patient reportedly sustained injury to her bilateral upper extremities, cervical spine, lumbar spine, bilateral wrists, and right shoulder. The patient's treatment history included medications and physical therapy. The patient underwent right hand carpal tunnel release in 02/2013 followed by physical therapy and a home exercise program. It was noted that the patient developed significant depressive symptoms. The patient's most recent clinical evaluation dated 12/11/2013 documented that the patient had significant pain complaints that have not responded to Motrin or Flexeril. Physical findings included tenderness to the paraspinal musculature bilaterally with decreased lumbar range of motion secondary to pain and a left-sided straight leg raise test. The patient's diagnoses included lumbar strain and lumbago. At that appointment, the patient's treatment plan included physical therapy, continuation of medications, and Lidoderm patches. A request was made for a pain psychology consultation with [REDACTED].

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PAIN PSYCHOLOGY CONSULT WITH [REDACTED]:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

**Decision rationale:** The requested pain psychology consultation with [REDACTED] is not medically necessary or appropriate. There was no clinical evaluation that addressed this request as part of the patient's treatment plan. Therefore, it is unclear how a pain psychology consultation would benefit this patient's treatment plan. American College of Occupational and Environmental Medicine recommends referrals for patients who have exhausted conservative treatments that require additional treatment planning outside the treating provider's scope of practice. The clinical documentation does not support the patient has exhausted all conservative treatments. Additionally, there are no deficits that would require a pain psychology referral. As such, the requested pain psychology consultation with [REDACTED] is not medically necessary or appropriate.