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| <b>Case Number:</b>   | CM13-0040371 |                              |            |
| <b>Date Assigned:</b> | 12/20/2013   | <b>Date of Injury:</b>       | 12/02/2003 |
| <b>Decision Date:</b> | 04/09/2014   | <b>UR Denial Date:</b>       | 10/21/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/29/2013 |

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Psychology 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 physician 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 62 year old female with a date of injury of 12/2/03. The patient sustained injury while working for [REDACTED] however, the mechanism of injury was not found within the medical records submitted for review. In their most recent "Visit Note - Scheduled follow-up" dated 9/30/13 diagnosed the patient with: (1) Cervical disc degeneration; (2) Lumbar/lumbosacral disc degeneration; (3) Thoracic spondylosis; and (4) Depressive disorder NEC.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **6 PAIN PSYCHOLOGY SESSIONS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

**Decision rationale:** The CA MTUS guideline regarding behavioral interventions for the treatment of chronic pain will be used as reference for this case. In their most recent "Visit Note - Scheduled follow-up" dated 9/30/13, [REDACTED] and family nurse practitioner, [REDACTED] wrote, "Pain psychology will be requested today - the patient continues with significant stress

related to her pain and also continues to note increased pain in relation to increased stress. She remains significantly dependent on her medication to manage her pain. Goals for the pain psychology sessions will include helping the patient further explore the relationship between pain and stress and to learn strategies to manage pain and stress as well as to learn communication strategies for communicating with her other family members. This treatment will hopefully also serve to provide alternative approaches to managing pain besides medications which will help her decrease her dependence on medications for pain. The evaluation can also serve as the necessary prerequisite clearance for eventual consideration for the patient to participate in an opioid detox program." Based on this report, the claimant is in need of psychological services to manage her pain and stress. However, without a current psychological evaluation, the request for pain psychology /psychotherapy sessions appears premature and therefore, is not medically necessary.