

<b>Case Number:</b>	CM13-0063770		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/30/2008
<b>Decision Date:</b>	05/07/2014	<b>UR Denial Date:</b>	12/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2013

### 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 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 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 does appear to be suffering from chronic pain and resulting symptoms of depression as outlined in the medical records. However, she exhibited poor motivation for treatment of her depressive symptoms and did not complete her recommended psychological treatment. The patient did not complete the recommended psychological treatment, exhibiting low motivation and it is not clear that this would not have been an effective course of treatment, thus, it continues to be a viable treatment option. Additionally, the patient had a comprehensive psychological evaluation with testing on February 17, 2012 and a psychological evaluation on December 14, 2103. It is recommended that the patient first complete the recommended treatment before being evaluated again by a behavioral pain psychologist. The request is not medically necessary and appropriate.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BEHAVIORAL PAIN PSYCHOLOGIST CONSULT:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines section on Chronic pain programs Page(s): 31-32.

**Decision rationale:** The patient does appear to be suffering from chronic pain and resulting symptoms of depression as outlined in the medical records. However, she exhibited poor motivation for treatment of her depressive symptoms and did not complete her recommended psychological treatment. The patient did not complete the recommended psychological treatment, exhibiting low motivation and it is not clear that this would not have been an effective course of treatment, thus, it continues to be a viable treatment option. Additionally, the patient had a comprehensive psychological evaluation with testing on February 17, 2012 and a psychological evaluation on December 14, 2103. It is recommended that the patient first complete the recommended treatment before being evaluated again by a behavioral pain psychologist. The request is not medically necessary and appropriate.