

<b>Case Number:</b>	CM14-0000690		
<b>Date Assigned:</b>	01/17/2014	<b>Date of Injury:</b>	01/28/2007
<b>Decision Date:</b>	04/28/2014	<b>UR Denial Date:</b>	12/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2014

### 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 Occupational Medicine 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 an employee of ██████ Health and has filed a claim for cervicgia associated with an industrial injury date of January 28, 2007. Utilization review from December 5, 2013 denied the request for pain psychology consultation due to lack of documentation of specific subjective/objective findings concerning the patient's behavior and stress. Treatment to date has included acupuncture x24, physical therapy x24, chiropractic sessions, and opioid and non-opioid pain medications. Medical records from 2013 through 2013 were reviewed showing the patient complaining of neck and back pain rated at 9/10 on the pain scale. The patient complains of neck spasms. Norco is reported to decrease her pain by 50% temporarily to allow for increased activity level and functioning such as doing laundry and home activities. Acupuncture is noted to help as well as water therapy and hot/cold packs. The patient claims that the neck and back pain continue to stress her out and she has had to take time off from work constantly. Objectively, the patient demonstrated pain on facet loading on the right side of the cervical spine. Cervical spine range of motion was noted to be decreased. Motor strength for the upper extremities was normal. There was decreased sensation over the C8 dermatome on the left. Electrodiagnostics from January 2013 found evidence of bilateral mild carpal tunnel syndrome with no EMG evidence of cervical radiculopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain psychological consultation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 127.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): 127.

**Decision rationale:** As stated on page 127 of the California MTUS ACOEM Independent Medical Examinations and Consultations Chapter, occupational health practitioners may refer to other specialists if the diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. In this case, the patient complains of neck and back pain which continued to stress her out resulting in needing to take time off from work. However, the exact functional deficits sustained due to stress was not clearly elaborated on. The exact behavioral consequences of the stress from the chronic pain was not clearly documented. There is no clear evidence that lower levels of care were exhausted. Therefore, the request for pain psychological consultation is not medically necessary.