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| <b>Case Number:</b>   | CM14-0094334 |                              |            |
| <b>Date Assigned:</b> | 07/25/2014   | <b>Date of Injury:</b>       | 12/19/2012 |
| <b>Decision Date:</b> | 09/29/2014   | <b>UR Denial Date:</b>       | 06/13/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/20/2014 |

### 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 licensed in Psychology and is licensed to practice in Texas. 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 injured worker is a 53-year-old male who reported an injury on 12/19/2012 due to helping a passenger lift a piece of luggage that weighed up to 100 pounds, injuring his lower back. The injured worker has the diagnosis of sprain of the lumbar region, lumbago, and chronic pain. Past medical treatment consists of surgery, the use of a TENS unit, physical therapy, medication therapy, and epidural steroid injections to the lumbar spine. Medications include Naproxen, Orphenadrine, Tramadol, Protonix, and Omeprazole. On 07/17/2013, the injured worker underwent x-rays. On 03/18/2013 the injured worker underwent an MRI of the lumbar spine. On 06/05/2014, the injured worker complained of lumbar spine pain. Physical examination revealed that the lumbar spine was not tender to direct palpation. Examination also revealed a flexion of 65 degrees bilaterally, extension of 50 degrees bilaterally, lateral bending to the right at 70 degrees and lateral bending to the left was 60 degrees. There was mild spasm noted with range of motion. Straight leg raising was negative bilaterally. Deep tendon reflexes of the knees and ankles were 2+ bilaterally. Sensory examination revealed that sensory was normal in all dermatomes of the lower extremities bilaterally. The treatment plan is for the injured worker to undergo a pain psychology consult. The rationale and Request for Authorization form were not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient: Pain Psychology consult and testing:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Introduction Page(s): 1.

**Decision rationale:** The request for a pain psychology consult and testing is not medically necessary. The California MTUS Chronic Pain Guidelines state if the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary. The progress note dated 06/05/2014 revealed that the injured worker had no changes in pain and physical examination revealed no functional deficits. It was also noted in the report that the injured worker was continuing his medication treatment as prescribed. Based on the injured worker's pain being controlled with his current treatment, a pain consultation would not be supported. Therefore, the request for a pain psychology consult would not be medically necessary.