

<b>Case Number:</b>	CM13-0027284		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	09/20/1997
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	09/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/20/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Psychologist

### 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 45 year old female, who sustained an industrial injury on 09/20/1997. She has reported subsequent back, neck and lower extremity pain and was diagnosed with lumbar facet syndrome, lumbar strain/sprain, lumbar disc herniation, lumbar discogenic pain, sacroiliac pain and neck pain. Treatment to date has included oral pain medication, application of heat, TENS unit and physical therapy. In a progress note dated 08/14/2013, the injured worker complained of low back pain that was rated as 5/10. Objective physical examination findings were notable for palpable spasm of the low back, pain with straight leg raise and a slightly kyphotic, antalgic gait. Requests for authorization of pain psychology consult sessions were made. On 09/13/2013, Utilization Review non-certified a request for 6 visits of pain psychology consults, noting that there was no documentation of objective functional improvement resulting from a trial of 4 previous pain psychology visits. MTUS guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consult for pain psychology, 6 visits:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations; Behavioral Interventions Page(s): 100-101; 23.

**Decision rationale:** Based on the review of the UR determination letter as well as the single medical record of [REDACTED] dated 8/14/13, the injured worker completed an initial psychological consultation as well as 4 follow-up pain psychology sessions in August/September 2012. Unfortunately, none of those records were submitted for review. Given the fact that these services were completed a year prior to the request under review, an additional consultation could be helpful. However, without a new psychological evaluation, the request for 6 visits cannot be determined. As a result, the request for a pain psychology consult and 6 visits is not medically necessary.