

<b>Case Number:</b>	CM14-0132701		
<b>Date Assigned:</b>	09/30/2014	<b>Date of Injury:</b>	06/13/2002
<b>Decision Date:</b>	01/20/2015	<b>UR Denial Date:</b>	07/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2014

### 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 Psychiatry 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:

Injured worker is a 55-year old female with date of injury 6/13/2002. Date of the UR decision was 7/24/2014. She has been diagnosed with cervical radiculopathy status post cervical fusion, neck pain, chronic pain syndrome, insomnia, myofascial syndrome and neuropathic pain. Per report dated 12/23/2013, the injured worker was being prescribed Nucynta ER, Lidoderm patches, Skelaxin, Remeron, Lyrica, Prilosec, Colace and topical Ketofen. Per report dated 6/17/2014, the injured worker reported pain level of 10/10 without medications and 6/10 with the medications. The report documented that she was not dispenses Skelaxin or Nucynta.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NESP Program (Nutrition, Emotional/Psychological, Social/Financial , Physical):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines functional restoration programs; criteria fo the general use of mu.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 23, 100-102.

**Decision rationale:** The injured worker has been diagnosed with chronic pain secondary to industrial injury. She has undergone surgical treatment and is being prescribed medications for the treatment of chronic pain. The request for NESP Program (Nutrition,

Emotional/Psychological, Social/Financial, and Physical) is not clinically indicated at this time. There is no clinical indication or rationale available as to why the NESP treatment would be useful in this case. Therefore, NESP Program (Nutrition, Emotional/Psychological, Social/Financial, and Physical) is not medically necessary.