

<b>Case Number:</b>	CM14-0183099		
<b>Date Assigned:</b>	11/10/2014	<b>Date of Injury:</b>	04/10/2012
<b>Decision Date:</b>	01/02/2015	<b>UR Denial Date:</b>	10/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2014

### 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 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 claimant is a 40 year-old male [REDACTED] with a date of injury of 4/10/12. The claimant sustained injuries to his right elbow, bilateral knees, back, neck, and left foot/ankle when he slipped and fell while working for Marborg Industries, Inc. In their 10/10/14 PR-2 report, Physician Assistant, [REDACTED] and [REDACTED] diagnosed the claimant with: (1) herniated nucleus pulposus (HNP) of the lumbar spine with moderate to severe, stenosis, multilevel; (2) Left ankle sprain; (3) Multiple HNPs of the cervical spine; (4) Cervical radiculopathy; and (5) Lumbar radiculopathy. The claimant has been treated with medications, epidural injections, acupuncture, chiropractic, and surgery. The request under review is for ongoing pain psychology follow-up appointments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ongoing follow up(s) with pain psychologist (unknown number of visits):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 101.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment, Behavioral interventions, Page(s): 101-102, 23.

**Decision rationale:** The California MTUS guidelines regarding the use of psychological treatments and the use of behavioral interventions in the treatment of chronic pain will be used as references for this case. Based on the review of the medical records, the claimant continues to experience chronic pain since his injury in April 2012. In several of [REDACTED] reports, there is a request for "ongoing pain psychology follow-ups." These recommendations and requests are confusing as there is no psychological evaluation in the medical records recommending psychological treatment. It was noted that the claimant was to have had a psychological clearance for a spinal cord stimulator in either May or June of 2014 however, that report was not included for review. Without a thorough psychological evaluation offering specific diagnostic information as well as appropriate psychological treatment recommendations, the need for follow-up appointments with a pain psychologist cannot be fully determined. As a result, the request for "Ongoing follow up(s) with pain psychologist (unknown number of visits)" is not medically necessary.