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| <b>Case Number:</b>   | CM15-0180860 |                              |            |
| <b>Date Assigned:</b> | 09/22/2015   | <b>Date of Injury:</b>       | 08/04/2004 |
| <b>Decision Date:</b> | 11/03/2015   | <b>UR Denial Date:</b>       | 09/10/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/14/2015 |

### 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 62 year old female who sustained an industrial injury on 8-4-04. The assessment is noted as cervicgia and cervicgia radiculitis. Previous treatment includes physical therapy, medication, cervical spine MRI 1-9-14, and H-Wave. In an office visit note dated 7-30-15, the provider reports complaint of cervical pain with referral to both entire upper extremities. It is noted there has been no change in pain since the last visit. Response to Lyrica and Skelaxin are reported as fair. Current medications are Aleve, Alprazolam, Cymbalta, Lyrica, Metaxalone, Tramadol, and Voltaren, and Wellbutrin. Objective exam reveals tenderness in midline at C6 "mild-moderate", at C7 "mild-moderate", and muscle spasm bilaterally in a symmetrical distribution in the sternocleidomastoid "mild-moderate". Flexion and extension are full. The plan is physical therapy and therapy with the pain psychologist. The requested treatment of pain psychologist was non-certified on 9-10-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain psychologist (unknown number of sessions): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological treatment.

**Decision rationale:** Based on the review of the medical records, the injured worker continues to experience chronic pain since her work-related injury in 2004. In the 3/17/15 progress note, nurse practitioner, [REDACTED], notes symptoms of depression. He recommends follow-up with a pain psychologist. Although this was noted in March, the request under review is based upon an RFA from September 2015. Unfortunately, the request for a "pain psychologist" remains vague. It is unclear whether an evaluation and/or treatment sessions are being requested. The CA MTUS recommends the use of psychological services in the treatment of chronic pain. However, before any treatment can be provided, it is suggested that a thorough psychological evaluation be conducted that will offer specific diagnostic information as well as appropriate treatment recommendations. As a result of the unclear request, the request for a pain psychologist is not medically necessary.