

<b>Case Number:</b>	CM15-0035065		
<b>Date Assigned:</b>	03/03/2015	<b>Date of Injury:</b>	10/27/2012
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	01/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2015

### 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 (IW) is a 23 year old female who sustained an industrial injury on 10/27/2012. She has reported low back pain, left knee pain, and numbness in the left lower extremity. She also has medial forearm and elbow pain with numbness. Diagnoses include fibromyositis, low back pain, enthesopathy of knee, prepatellar bursitis. Treatment to date includes medications and a home exercise program. A progress note from the treating provider dated 01/19/2015 indicates the worker has subjective complaints of bilateral low back pain, left greater than right, left lower extremity weakness, numbness in the left lower extremity, tingling in the left lower extremity. She rates her pain as an 8 on a scale of 10 and relates the pain is constant but variable in intensity. According to provider notes, the worker has anxiety symptoms that are causing increased pain levels and need to modify function. She also has sleep pattern disruption. The treatment plan was for authorization of pain psychology evaluation and 6 treatment sessions. On 01/28/2015 Utilization Review non-certified a request for Pain Psychological 6 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain Psychological 6 sessions:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Cognitive Behavioral Therapy (CBT) Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

**Decision rationale:** Based on the review of the medical records, the request under review was initially denied due to having not had a completed evaluation conducted prior to the request. Since the initial RFA date of January 2015, the injured worker completed a psychosocial evaluation with Dr. McKellar on 2/3/15. In that report, Dr. McKellar recommended four follow-up pain psychology sessions and cited the CA MTUS guidelines, which recommends an "initial trial of 3-4 visits" for the treatment of chronic pain. In utilizing this guideline, the request for an initial 6 pain psychology sessions is not medically necessary as it exceeds the CA MTUS recommendations.