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| <b>Case Number:</b>   | CM14-0148812 |                              |            |
| <b>Date Assigned:</b> | 09/18/2014   | <b>Date of Injury:</b>       | 05/09/2013 |
| <b>Decision Date:</b> | 10/16/2014   | <b>UR Denial Date:</b>       | 08/13/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/12/2014 |

### 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 Internal Medicine, has a subspecialty in Nephrology 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 patient is a 53-year-old female who has submitted a claim for Thoracic or lumbosacral neuritis or radiculitis, unspecified and backache associated with an industrial injury date of May 9, 2013. Medical records from 2012 through 2014 were reviewed, which showed that the patient complained of low back pain with radiation down the left leg. Sleep quality was poor and activity level was allegedly increased. Examination showed that the patient was well groomed, well-nourished and well developed. She was calm and in mild-to-moderate pain. She had good communication ability and did not show intoxication or withdrawal. Mental status was normal. Patient was alert and oriented times four without evidence of somnolence. Examination of the lumbar spine revealed loss of normal lordosis with straightening, restriction of ROM and tenderness of the paravertebral muscle. Treatment to date has included medications and physical therapy. Patient was referred for a one-time consultation with a psychologist specializing in chronic pain to address coping skills and depressed mood related to chronic pain and decreased function. Utilization review from August 13, 2014 denied the request for Referral to pain psychologist for the low back. The reason for denial was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Referral to pain psychologist for the low back:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): Pages 23-25. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Cognitive Behavioral Therapy

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page(s) 127, 156

**Decision rationale:** According to pages 127 & 156 of the ACOEM Guidelines referenced by CA MTUS, consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. In this case, the patient presented with chronic pain, depression and poor sleep quality. A one-time consultation with a pain psychologist was sought to address current coping skills and depressed mood related to chronic pain and decreased function. Indeed, this may benefit the patient. Therefore, the request for Referral to pain psychologist for the low back is medically necessary.