

Case Number:	CM13-0014282		
Date Assigned:	12/18/2013	Date of Injury:	08/30/2012
Decision Date:	02/14/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	08/20/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pediatric Rehabilitation Medicine and is licensed to practice in Illinois and Texas. 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 physician 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 40-year-old female who reported an injury on 08/30/2012. The injury was noted to have occurred when the patient was lifting bags of garbage. The patient had a psychological evaluation on 11/20/2013. She was diagnosed with depressive disorder, psychological factors affecting an orthopedic condition, and thoracic and lumbar strain, degenerative disc disease, and L4-5 bilateral facet capsulitis. The patient was noted to also manifest a fear avoidance pattern of inactivity. A recommendation was made for the patient to participate in a pain education and coping skills group.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral therapy evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations Section Page(s): 100-101.

Decision rationale: According to California MTUS guidelines, psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain

problems, but also with more widespread use in chronic pain populations. As the patient was noted to have previously had a psychological evaluation on 11/20/2013, it is unclear why another evaluation is necessary. In the absence of documentation noting a clear indication for a repeat psychological evaluation, the request is not supported.

Flector patches 1 bid #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Flector[®] patch (Diclofenac Epolamine)

Decision rationale: According to the Official Disability Guidelines, Flector patches may be recommended for the treatment of osteoarthritis after failure of an oral NSAID. The patient was noted to have been taking Acetaminophen 500 mg, Orphenadrine, and Amitriptyline. At her 08/21/2013 office visit, her Flector patch prescription was discontinued. Clinical information beyond that visit does not show that this medication was restarted for this patient. Therefore, the request for Flector patches 1 bid #60 is not supported.