

Case Number:	CM13-0029982		
Date Assigned:	11/27/2013	Date of Injury:	06/13/2012
Decision Date:	01/28/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/26/2013

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 Clinical Psychology, has a subspecialty in Health Psychology and Pain Management 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 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.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This employee is a 35 year old Spanish speaking male injured on 6/13/12 at his work installing tile in conjunction with lifting a heavy granite stone and twisting. He reports mid and low back pain, bilateral buttock and bilateral lower extremity pain, with a diagnosis of degenerative disc disease, annular tear and disc herniation. Treatments to date included rest, medication, PT and chiropractic with limited result and continued report of pain. Psychological symptoms of poor mood, poor appetite, disturbed sleep due to pain, decreased energy and enjoyment of life.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chronic Pain Psychology Evaluation plus 6 sessions: 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 Behavioral Interventions: Cognitive Behavioral interventions for pain Page(s): 23.

Decision rationale: This patient appears to be an appropriate and excellent candidate for Psychological Pain Management Treatment. He has a pain condition that has been unresponsive to multiple conventional medical treatment efforts to date and is suffering from significant psychological problems as a result of this in terms of adjusting to the limitations his pain condition place on him. According to the Chronic Pain Medical Treatment Guidelines this

treatment must follow a specific course and the provider should follow them closely starting with taking baseline measures and initiating a trial of 3-4 sessions which must show significant improvement in functional capacity before an additional 5-6 sessions would be medically indicated. This approval is being rejected only because it fails to include this important trial to assess if benefit is likely. On 9/3/13 the denial for psychological treatment was issued and mentions four additional reasons 1. No documentation of either current or past objective structured measure for the patient's psychological functioning to provide baseline, 2. No family history, personal stressors baseline, 3. No documentation of initial management and failure of treatment for pain related psychological issues by the treating physician and 3. Therefore the medical necessity of the specialist referral is not established for certification. I would suggest addressing the items mentioned here and re-requesting this treatment, which in my view, would be likely to be beneficial to this particular patient.