

Case Number:	CM13-0033039		
Date Assigned:	12/06/2013	Date of Injury:	04/01/2010
Decision Date:	03/24/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/08/2013

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 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. 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 50-year-old female who reported injury on 04/01/2010. The mechanism of injury was noted to be a lifting injury. The most recent documentation indicated the patient was taking bupropion, cyclobenzaprine, Duragesic, ibuprofen, diclofenac sodium and Deseryl. The pain was constant, unremitting despite different body positions and worse with prolonged activities whether sitting or standing. The patient had an antalgic gait and was diffusely tender over the low back. The depression was noted to be under control. The diagnoses were noted to include lumbar strain/sprain, lumbar discogenic pain, lumbar facet syndrome, lumbar radiculopathy, hip pain, trochanteric bursitis, chronic pain and meralgia paresthetica. The patient's medical condition was noted to be depression that was controlled. The request was made for a referral to a pain psychologist plus 4 to 6 followup visits lumbar.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to a pain psychologist plus 4-6 follow-up visits (lumbar): 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 Ongoing Management Page(s): 78.

Decision rationale: California MTUS recommends the consideration of a psych consult if there is evidence of depression, anxiety or irritability. Clinical documentation submitted for review indicated the patient was using bupropion and that the depression was controlled. There was lack of documentation indicating the patient had signs and symptoms of depression, anxiety or irritability. Given the above, the request for Referral to a pain psychologist plus 4-6 follow-up visits (lumbar) is not medically necessary.