

<b>Case Number:</b>	CM14-0108248		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	02/10/2009
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	06/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/11/2014

### 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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain, groin pain, psychological stress and anxiety reportedly associated with an industrial injury of February 10, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of physical therapy; opioid therapy; earlier lumbar laminectomy; various interventional spine procedures; and psychotropic medications. In a June 30, 2014, progress note, the claims administrator denied a request for a psych evaluation and unspecified treatment and also denied a request for an orthopedic evaluation. The claims administrator based its denial for the psych evaluation and treatment on lack of supporting information from the attending provider as to what psychological treatments had transpired to date. The applicant's attorney subsequently appealed. On June 30, 2014, the applicant reported persistent complaints of low back pain, groin pain, and abdominal pain. The applicant stated that she remained concerned about her worsening depression and anxiety. The applicant stated that her disability had led her to become very uncertain about her future. The applicant stated that her medical-legal evaluator was unhappy about continuous utilization review denials of various mental health treatments. Portions of the note had been truncated as a result of repetitive photocopying and faxing. The applicant was given refills of carisoprodol, Percocet, Opana, and Xanax. The applicant's work status was not clearly stated. In a letter dated June 27, 2014, the applicant's psychiatrist stated that the applicant had not been seen in two years. The applicant had issues with chronic adjustment disorder, depression, and anxiety, which resulted in Global Assessment of Function (GAF) of 62. The applicant was using Opana, Soma, Percocet, and Xanax, it was further stated. 8/10 pain was reported. The applicant was described as totally temporarily disabled from a mental health perspective with a Goal Assessment of Function (GAF) of 57. A neurologic evaluation was

endorsed. The applicant asked to return for a psychological evaluation. It was acknowledged that the applicant's mental health issues had not been clearly diagnosed. On May 5, 2014, the applicant was again described as having multifocal chronic pain complaints and depressive symptoms. Authorization was sought for an orthopedic evaluation and a psychological evaluation and treatment as appropriate. It was not stated what psychological treatments were being sought.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Psych Evaluation and Treatment Between 6/25/14 and 8/11/14: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405, 400, 401.

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 15, pages 400 through 401 do recommend a variety of psychological treatments, including relaxation techniques, biofeedback, behavioral techniques, cognitive therapy, stress inoculation therapy, etc., in this case, it was not clearly stated what psychological treatments and/or treatments were sought. It was not clearly stated what psychological treatment and/or treatments had transpired to date. ACOEM Chapter 15, page 405 qualifies its position on psychological treatments by noting that an applicant's failure to improve may be a function of an incorrect diagnosis and/or unrecognized medical or psychosocial stressors. The request, thus, cannot be approved in written owing to the imprecise nature of the request and lack of detail as to what mental health treatments have transpired to date. This request is not medically necessary.

#### **Orthopedic Evaluation Between 6/25/14 and 8/11/14: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1.

**Decision rationale:** As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints which prove recalcitrant to conservative management should lead the Primary Treating Provider (PTP) to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. In this case, the applicant has apparently failed an earlier laminectomy surgery. Persistent complaints associated with the spine persist. The applicant is off of work. Obtaining the added expertise of an orthopedist to determine whether or not the applicant is a candidate for further spine surgery is indicated. Therefore, the request is medically necessary.

