MAXIMUS Federal Services

Case Number:	CM14-0012389		
Date Assigned:	02/21/2014	Date of Injury:	11/23/2010
Decision Date:	06/26/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	01/30/2014

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 Orthopedic Surgery and is licensed to practice in Mississippi. 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 records presented for review indicate that this 47-year-old individual was injured in November, 2010. The mechanism of injury is reported as unloading a truck and sustaining a low back injury. An internal injury to the gastrointestinal system is noted as well as extensive treatment for low back. Difficulty sleeping is also noted. It is reported pain complaints is not improved subsequent to October 2010. The physical examination noted this 5'8" tall, 60 pound individual to be hypertensive. It was reported that the injured worker was in no acute distress. The lumbar spine appears to be normal, straight leg raising was positive and 20° in the left, and there is no motor or sensory loss identified. A normal gait pattern is reported. It was determined that the injured employee was at maximum medical improvement and a 15% impairment rating was assigned. A spine surgery consultation was sought in October, 2013. Subsequent progress notes indicate no change in the symptoms. Prior treatment included physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

PAIN PSYCHOLOGY EVALUATION ONE TIME A WEEK FOR 6 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

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) ACOEM Practice Guidelines, 2nd edition, Chapter 7 - Independent Medical Examinations and Consultations, pg 127.

Decision rationale: It is noted that this individual has had a multiple year history of a low back injury. There is no objectified verifiable radiculopathy and the only diagnosis noted is a degenerative disc disease and a myofascial strain associate with a chronic pain syndrome. There is no discussion of any change in the overall clinical situation. Furthermore, there is no discussion as to any psychiatric injury. The treating provider does not outline why this would be necessary. Due to the insufficient clinical evidence presented to support need based on California Medical Treatment Utilization Schedule (CAMTUS) guidelines, this evaluation cannot be deemed as medically necessary.