

Case Number:	CM14-0138007		
Date Assigned:	09/05/2014	Date of Injury:	11/13/2008
Decision Date:	09/29/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	08/26/2014

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 Emergency 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 injured worker is a 57 year-old female, who sustained an injury on November 13, 2008. The mechanism of injury occurred while lifting a box. Diagnostics have included: 2009 lumbar spine MRI reported as showing herniated discs; 2011 EMG/NCV reported as showing low back nerve damage; August 1, 2013 lumbar spine x-rays reported as showing L5-S1 posterior fusion/fixation with anterior inter body graft. Treatments have included medications, physical therapy, 2009 and 2011 back surgeries, 2013 spinal cord stimulator, and psychotherapy. The current diagnoses are lumbago, lumbar spinal stenosis, lumbosacral strain, lumbar radiculopathy, status post lumbar fusion, dysthymic disorder, major depressive disorder, and pain disorder. The stated purpose of the request for Outpatient Consultation (referral) to [REDACTED] for Chronic Pain Management Consultation was not noted. The request for Outpatient Consultation (referral) to [REDACTED] for Chronic Pain Management Consultation was denied on August 20, 2014, citing a lack of documentation of specific medical necessity for this consult. The stated purpose of the request for Pain Psychologist Follow Up with [REDACTED] was not noted. The request for Pain Psychologist Follow Up with [REDACTED] was denied on August 20, 2014, citing a lack of documentation of the specific medical necessity for changing providers.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient consultation for chronic pain management: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Chapter 12, Low Back Complaints, Assessing red flags and indications for immediate referral.

Decision rationale: The requested outpatient consultation (referral) for chronic pain management is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12, Low Back Complaints, Assessing red flags and indications for immediate referral, recommend specialist consultation with "physical exam evidence of severe neurologic compromised that correlates with the medical history and test results"; and California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 1, Part 1: Introduction, states "If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary." The injured worker has low back pain, and that the spinal cord stimulator is working but needs to be reprogrammed. The treating physician has not documented the specific indications for this consult nor what the treating physician is anticipating from such a consult. The criteria noted above not having been met therefor the request for outpatient consultation (referral) for chronic pain management is not medically necessary.

Pain psychologist follow-up: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 5 Cornerstones of Disability Prevention and Management.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Chronic Pain Medical Treatment Guidelines, page 1, Part 1: Introduction Chronic Pain Medical Treatment Guidelines, Psychological Treatment, Pages 101-102.

Decision rationale: The requested pain psychologist follow-up is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12, Low Back Complaints, Assessing red flags and indications for immediate referral, recommend specialist consultation with "physical exam evidence of severe neurologic compromised that correlates with the medical history and test results"; and California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 1, Part 1: Introduction, states "If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary." Chronic Pain Medical Treatment Guidelines, Psychological Treatment, Pages 101-102, note that psychological treatment is "recommended for appropriately identified patients during the treatment for chronic pain." The injured worker has low back pain, and that the spinal cord stimulator is working but needs to be reprogrammed. The treating physician has not documented the specific indications for this consult nor what the treating physician is anticipating from such a consult, nor objective evidence of derived functional

improvement from previous psychotherapy sessions. The criteria noted above not having been met, therefore, the request for pain psychologist follow-up is not medically necessary.