

<b>Case Number:</b>	CM14-0147277		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	06/27/2013
<b>Decision Date:</b>	11/17/2014	<b>UR Denial Date:</b>	09/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2014

### 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 Physical Medicine and and is licensed to practice in Texas. 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:

Medical records reflect the claimant is a 26 year old female who sustained a work injury on 6-27-13. The claimant has been treated conservatively. She was found to have a L5-S1 HNP. The claimant has been decreased permanent and stationary. The claimant reports low back pain and occasional radicular pain. On exam, the claimant has tenderness to palpation, facet loading test positive. Neurologically she is intact.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consultation with a psychiatrist (lumbar):** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100.

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) notes that psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury or work related. Medical Records reflect the claimant has signs

of depression. This claimant has chronic low back pain with symptoms of depression. Therefore, the request for consultation with a psychiatrist is reasonable and medically indicated.

**Functional Restoration Program:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: Criteria for the genera.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines FRP  
Page(s): 49.

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) notes that Functional Restoration Program (FRP) are recommended, although research is still ongoing as to how to most appropriately screen for inclusion in these programs. Medical Records reflect this claimant has symptoms of depression. There is an absence in documentation noting a thorough evaluation to determine if this claimant is an appropriate candidate for this program. Therefore, the medical necessity for a Functional Restoration program is not established.