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| Case Number: | CM14-0152371 | | |
| Date Assigned: | 09/22/2014 | Date of Injury: | 08/30/1982 |
| Decision Date: | 10/21/2014 | UR Denial Date: | 09/12/2014 |
| Priority: | Standard | Application Received: | 09/18/2014 |

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 Rehabilitation 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 58 year old male who sustained a work injury on 8-30-82. The claimant is being treating with medications. He has also been treated with physical therapy, pool therapy, group and psychotherapy and cognitive behavioral therapy. The claimant reports that psychiatric therapy has been of benefit. The claimant has also participated in alcoholic anonymous meeting. Office visit on 8-27-14 notes the claimant reports neck pain, mid and low back pain, right buttock pain, right posterior thigh pain, bilateral knee pain and right foot pain. He rates his pain as 8/10. He is trying breathing/relaxation and TENS unit for pain. He is now doing volunteer work. He uses his medications as prescribed. He also reports benefit with TENS unit. Diagnosis includes disc disorder lumbar, low back pain, chronic pain syndrome, depression with anxiety.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue treatment with psychiatrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions. Decision based on Non-MTUS Citation Official Disability Guidelines Stress & Mental Illness Chapter (updated 6/12/14)Office visits

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low back disorders - Follow-up visits.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter - office visits

Decision rationale: Chronic Pain Medical Treatment Guidelines notes that Patients with potentially work-related low back disorders should follow-up every 3 to 5 days with a health care provider who can offer counsel regarding bed rest, static positions or inactivity, medication use, activity modification, a good prognosis, and other concerns. Health care providers should answer all questions and make these sessions interactive so that the patient is fully involved in his or her recovery. If the patient has returned to work, these interactions may be conducted on site or by telephone to avoid interfering with work activities. Subsequent follow-up can occur when there is need for altered treatment; release to modified, increased or full duty; or after appreciable healing or recovery can be expected. Typically, this will be no later than 1 week into the acute pain period. At the other extreme, in the stable chronic LBP setting, follow-up may be infrequent, such as every 6 months. Medical Records reflect this claimant has undergone psychotherapy and cognitive behavioral therapy. Response to prior treatment not provided or functional benefit and/or improvement not documented. Additionally, this is a nonspecific request. Therefore, based on the records provided, the medical necessity of this request is not established.