

Case Number:	CM14-0024969		
Date Assigned:	06/11/2014	Date of Injury:	09/16/2011
Decision Date:	07/15/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	02/27/2014

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 Neurological Surgery, 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 45-year-old gentleman who was reportedly injured on September 16, 2011. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated January 2, 2014, indicates there were ongoing complaints of left shoulder, low back and head pain. The physical examination demonstrated a decreased range of motion of the shoulder, lumbar spine tenderness to palpation, and muscle spasm. Diagnostic imaging studies objectified no acute pathology. Previous treatment included physical therapy, psychotherapy, medications and other conservative interventions.

IMR ISSUES, DECISIONS AND RATIONALES

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

BEHAVIORAL PAIN MANAGEMENT EVALUATION ONCE A WEEK FOR SIX WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation Pain, Suffering, and the Restoration of Function (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 6), page 114, Official Disability Guidelines.

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

Decision rationale: As noted in the guidelines, behavioral intervention can be supported in certain selected scenario. Reinforcement of coping skills can be useful in adjudicating the pain complaints. However, screening for risk factors for delayed recovery must be completed. It was not noted that this grading was completed in the already completed therapies. Furthermore, there needs to be objectification of a work situation to return to and none was noted. A partial approval was noted, and there was no objectification of any significant improvement or positive sequelae as a result. Therefore, there is insufficient clinical data presented to support this request. This is not medically necessary.