

Case Number:	CM14-0029889		
Date Assigned:	06/20/2014	Date of Injury:	02/09/2012
Decision Date:	07/17/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	03/10/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Minnesota. 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 33 year old male who reported an injury on 02/09/2012 due to unknown mechanism. Complained of increased low back pain and tailbone pain. On physical exam dated on 02/09/2101 the patient continues to move freely without evidence of spasm, indicating pain is being controlled with narcotic regimen. The injured worker diagnoses are lumbar disc disease and hip injury, lumbago, thoracic radiculitis, and displacement of the lumbar intervertebral disc without myelopathy. The medications listed are, doss, lyrica, Percocet, oxycontin, and neurontin. The treatment plan was for repeat psychology evaluation RFA 02/06/2014. The injured workers treatments/diagnostics were lumbar x-ray dated 01/06/2014, no evidence of spondylolisthesis. The request for authorization form or rationale was not provided with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat psychology evaluation RFA 2/6/14 Quantity: (1): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluation Page(s): 101.

Decision rationale: The request for a repeat psychology evaluation RFA 02/06/2014 quantity 1 is non-certified. California Medical Treatment Utilization Schedule guidelines states, recommended for appropriately identified patients during treatment for chronic pain. Psychological evaluations are generally accepted, well established diagnostic procedures not only selected use in pain problems, but also with more widespread use in chronic pain population. The request is for a repeat evaluation implied that there was a first one done to which there lack of supporting documentation or reports to collaborate. As such the request for repeat psychotherapy evaluation is non-certified.