

Case Number:	CM14-0034578		
Date Assigned:	06/20/2014	Date of Injury:	08/18/2006
Decision Date:	07/28/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/20/2014

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 Psychology 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:

The injured worker is a 53-year-old male with a reported date of injury on 08/18/2006. The injured worker presented with bilateral low back pain, rated at 5/10. Upon physical examination the injured worker presented with right lower extremity weakness and numbness, with reported feelings of irritability and frustration due to pain. According to the clinical documentation, the injured worker returned to work full time. Previous physical therapy and conservative care were not provided within the documentation available for review. The MRI of the lumbar spine dated 11/08/2013, revealed annular tear at L5-S1 and right sided foraminal tear of the annulus at L4-5. The injured worker's diagnoses included displacement of lumbar intervertebral disc without myopathy, fibromyositis, and chronic pain syndrome. The injured worker's medication regimen included omeprazole and sertraline. The request for authorization for consultation with pain psychology was not submitted. The rationale for the request was not provided within the documentation available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONSULTATION WITH PAIN PSYCHOLOGY: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy (CBT), Guidelines for Chronic pain.

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

Decision rationale: The MTUS Chronic Pain Guidelines recommend psychological evaluations. 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 pre-existing, aggravated by the current injury, or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. According to the clinical documentation provided for review, the injured worker was referred to physical therapy, the results of which were not provided within the documentation available. In addition, the injured worker rated his pain at 5/10 and indicates that he has weaned off of pain medications. The MTUS Chronic Pain Guidelines recommend psychological evaluations with selected use in pain problems, but also with widespread use in chronic pain populations. The documentation provided for review indicates the injured worker continues to suffer from irritability and frustration due to pain and work situation. The rationale was not provided within the documentation available for review. Therefore, the request for a consultation with a pain psychologist is medically necessary and appropriate.