MAXIMUS Federal Services

Case Number:	CM14-0035431		
Date Assigned:	09/05/2014	Date of Injury:	01/17/1996
Decision Date:	10/03/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	03/21/2014

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 Anesthesiology, 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:

This is a 42-year-old female with a date of injury of 01/17/1996. The patients' diagnoses include chronic low back pain, right SI joint pain, coccygeal pain with radiation to the right lower extremity and depression. Medications include Norco and Lorazepam. On 02/28/2014 there is documentation of reported depression, anxiety and a feeling of hopelessness.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with psychologist x 1 for depression with anxiety due to ongoing lumbar spine (lower back) pain, as an outpatient: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions, Psychological Evaluations Page(s): 2-9, 22, 23, 100.

Decision rationale: This patient's injury dates back to 1996. Several years have passed since the original injury and it is reasonable to believe the patient's pain has persisted beyond the anticipated time required for healing. Per MTUS Guidelines and under the biopsychosocial model of pain management the clinical approach is to recognize and address confounding psychosocial variables. In this case, the confounding variables include chronic pain, depression

and anxiety. According to the medical documentation these issues have been recognized as potential risk factors contributing to delayed recovery and chronic pain. Now it is necessary to address the psychosocial barriers. To this end, MTUS Guidelines recommends behavioral interventions. In addition, according to MTUS Guidelines, psychological intervention is recommended for patients as an option to improve effectiveness of opioids for chronic pain. This includes individual counseling. Psychological evaluations are well-established diagnostic procedures in patients with pain problems. They are recommended per MTUS Guidelines and should be utilized to help facilitate treatment and recovery. Therefore the above listed issues IS considered to be medically necessary.