

Case Number:	CM14-0036072		
Date Assigned:	06/23/2014	Date of Injury:	08/27/2009
Decision Date:	07/22/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	03/24/2014

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 Psychologist 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 52-year-old female with a reported date of injury on 08/27/2009. The mechanism of injury was noted to be a car accident. Her previous treatments were noted to include rest, medications, physical therapy, chiropractic care and acupuncture. Her diagnoses were noted to include lumbar sprain/strain with lower extremity neuropathy, cervical thoracic sprain/strain, costovertebral sprain/strain, sleep disturbance, GERD and depression. The progress note dated 04/24/2014 reported the injured worker complained she had been unable to walk for 6 months as she was previously accustomed to due to elevated back pain levels. The injured worker described constant pain levels frequently becoming moderate in the lower back and sacroiliac region. She also noted the presence of intermittent pain and numbness to the lower extremities, left greater than the right extending into the foot and is associated with prolonged sitting. The injured worker complained of neck and mid back pain that was moderate in intensity and was associated with elevating the shoulders, sudden turning movements of the neck and forward head positioning. The injured worker also complained of sleep difficulties and that she utilized pain medication at night to assist her and to obtain a more complete night's rest. However, she continued to wake up at least once during the night due to pain associated with her injuries. The injured worker reported for her activities of daily living that physical activity was limited and she was unable to lift beyond 30 pounds. The injured worker reported she was unable to participate in some household activities such as mopping and gardening activities as extensively as prior to her accident. The injured worker also reported her exercise is limited in the neck and upper back and precludes doing sit-ups as she was formerly able to. The physical examination reported shoulder heights appeared to be uneven with the left being lower than the right and the iliac crest was lower on the right. The provider reported lower extremity reflexes were unequal with the left reflex being diminished in relation to the right. The provider reported

the sensory examination of the lower extremities revealed a diminished sensitivity of the left L4-S1 dermatomes. A positive straight leg raise was noted. Tenderness was noted upon palpation of the L4 and L5 levels and the left sacroiliac joint. The range of motion to the lumbar spine was limited in flexion to 20 degrees, extension was 10 degrees and right lateral flexion was 10 degrees. The Request for Authorization form was not submitted within the medical records. The request was for pain psychology #8, however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain psychology, #8: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): pages 101-102.

Decision rationale: The request for pain psychology #8 is not medically necessary. The injured worker reported she had been unable to walk as she was previously accustomed to due to elevated back pain levels and was having sleep difficulties. The California Pain Medical Treatment Guidelines recommend psychological treatment for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing the patient's pain relief and coping styles, assessing psychological and cognitive function and addressing comorbid mood disorders (such as depression, anxiety, panic disorder and posttraumatic stress disorder). Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective. Psychological treatment incorporated into pain treatment has been found to have a positive short term effect on pain interference and long term effect on return to work. The guidelines approach to pain management that involves psychological intervention has been suggested as identify and address specific concerns helping enhance interventions and emphasis health management. The role of a psychologist at this point includes education and training of pain care providers and how to screen for patients that may need early psychological intervention and identify patients who continue to experience pain and disability after the usual time of recovery. At this point, a consultation with a psychologist allows for screening, assessment of goals and further treatment options, including brief individual or group therapy. The guidelines also state pain sustained in spite of continued therapy (including the above psychological care) intensive care may be required from mental health professions allowing for a multidisciplinary treatment approach. There is a lack of documentation regarding psychological issues such as depression or anxiety to warrant the need for psychological treatment. Additionally, the injured worker has chronic pain, however, there is a lack of documentation regarding a psychological evaluation being performed to warrant 8 sessions with a paid psychologist. Therefore, the request is not medically necessary.