

Case Number:	CM14-0040680		
Date Assigned:	06/27/2014	Date of Injury:	04/02/2013
Decision Date:	08/25/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	04/04/2014

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 and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 63 year-old female was reportedly injured on April 2, 2013. The mechanism of injury is not listed in the records reviewed. The most recent progress note indicates that there are ongoing complaints of neck and low back pain. The physical examination was not presented for review. The records referenced ongoing muscle spasm of the cervical spine and lumbar spine. Straight leg raise was noted to be positive. The diagnostic imaging studies not presented for review. The previous treatment includes multiple medications and conservative care. A request had been made for psychosocial factors screening and was not certified in the pre-authorization process on March 10, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychosocial Factors Screening: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127, Chronic Pain Treatment Guidelines Subacute delayed recovery Page(s): 6.

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

Decision rationale: When noting the limited clinical records presented for review, there is no indication of any psychiatric injury or illness that requires a screening process. A comprehensive

physical examination would include any noted psychosocial screening parameters. As outlined in the Chronic Pain Medical Treatment Guidelines, treatment is indicated for appropriately identified patients and the baseline studies (comprehensive history and physical examination) have not been completed. The medical necessity for this request has not been established. As such, the request is not medically necessary.