

Case Number:	CM14-0053796		
Date Assigned:	07/07/2014	Date of Injury:	07/16/2013
Decision Date:	09/03/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/22/2014

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 54 year-old female was reportedly injured on 7/16/2013. The mechanism of injury is noted as a slip and fall. The most recent progress note, dated 1/16/2014, indicates that there are ongoing complaints of mid back, low back, and right hip pain. The physical examination demonstrated thoracic spine: positive tenderness to palpation of the paravertebral muscles, hyper-tonicity and spasm is noted bilaterally. Lumbar spine: loss of normal lordosis with straightening of the lumbar spine. Positive tenderness to palpation lumbar paravertebral muscles with hyper-tonicity and spasm bilaterally. Lumbar facet loading is positive bilaterally. Straight leg raise is positive bilaterally in the sitting position at 65 degrees, and in supine at no number listed. Right hip: positive tenderness over the groin and trochanter. Positive Faber Test. On examination of deep tendon reflexes, all the reflexes are hypo reflexive. No recent diagnostic studies are available for review. Previous treatment includes physical therapy, medications, and activity modification. A request had been made for Behavioral Pain Management and was not certified in the pre-authorization process on 4/2/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Behavioral Pain Management: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), ACOEM Practice Guidelines, 2nd edition, Chapter 7 - Independent Medical Examinations and Consultations, pg. 127.

Decision rationale: The MTUS supports the use of referrals when a diagnosis is uncertain, extremely complex, or when the claimant may benefit from additional expertise. Based on the clinical documentation provided, the requested referral is for behavioral pain management. After review of the medical records provided the treating physician requested a one-time consultation with a psychologist specializing in chronic pain patients to address current coping skills, depressed mood related to chronic pain, and decreased function. The injured worker will benefit from a consultation with a psychologist as recommended by the treating physician. However; as currently listed, this request is deemed not medically necessary.