

Case Number:	CM14-0057531		
Date Assigned:	07/09/2014	Date of Injury:	07/30/2009
Decision Date:	12/30/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	04/28/2014

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, has a subspecialty in Interventional spine 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:

The patient is a 42 year old male with an injury date on 07/30/2009. Based on the 04/01/2014 progress report provided by the treating physician, the diagnosis is: 1. Sprain and strain of deltoid of ankle. According to this report, the patient complains of "constant, sharp and stabbing" low back pain with left lower extremity pain. Leg pain is describes as "comes and goes, throbbing." Exam findings show tenderness, spasm, and decreased ROM. The "patient recently had bilateral medial branch blocks of L5, L4, and L3 supplying the L4/L5 and L5/S1 facet joints. He reports 100% relief of his ankle." There were no other significant findings noted on this report. The utilization review denied the request for (1) Re-evaluation with psychologist and (2) Continue pain management on 04/21/2014 based on the ACOEM/MTUS guidelines. The requesting physician provided treatment reports from 04/01/2014 to 07/31/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Re-evaluation with psychologist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Psychological treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints Page(s): 8. Decision based on Non-MTUS Citation American College

of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent medical examination and consultations, Chapter 7, page 127

Decision rationale: According to the 04/01/2014 report, this patient presents with low back and lower extremity pain. Per this report, the current request is for Re-evaluation with psychologist. Regarding consultations, ACOEM states that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psycho-social factors are present, or when the plan or course of care may benefit from additional expertise. Review of records does not show this patient has psychological issues such as anxiety, depression, and is struggling with the chronic pain. MTUS page 8 states that the treater must monitor the patient's progress and make appropriate treatment recommendations. In this case, the treating physician does not explain why a psychological re-evaluation is needed and does not define the duration and nature of the psychologist's involvement. The request for a re-evaluation by a psychologist does not appear reasonable bases on the documentation provided. The request is not medically necessary.

Continue Pain management: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints Page(s): 8. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent medical examination and consultations, Chapter 7, page 127.

Decision rationale: According to the 04/01/2014 report, this patient presents with low back and lower extremity pain. Per this report, the current request is for Continue Pain Management. Regarding consultations, ACOEM states that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psycho-social factors are present, or when the plan or course of care may benefit from additional expertise. Review of records show that this patient has had chronic low back and lower extremity pain for more the 5 year. The request to continue Pain Management appears reasonable and medically indicated. The request is medically necessary.