

Case Number:	CM14-0070803		
Date Assigned:	07/14/2014	Date of Injury:	10/27/2013
Decision Date:	09/03/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/16/2014

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 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 injured worker is a 33-year-old male who reported an injury on 10/27/2013. The mechanism of injury was noted to be a motor vehicle accident. His diagnoses were noted to be contusion, cervical spine strain, closed head injury, cervical radicular syndrome with contusion, thoracic/lumbar spine sprain/strain, cervical disc protrusions at C3-7, and disc protrusions at T6, T7-8, and T10-11. Prior treatments were noted to be physical therapy, transcutaneous electrical nerve stimulation unit, and chiropractic therapy. Diagnostic testing included an MRI of the lumbar spine. The injured worker had subjective complaints of low back pain. The objective findings of the physical exam were noted to be cervical spine tenderness to palpation in the upper, mid, and lower paravertebral and trapezius muscles. There was pain with cervical extension. There was tenderness to palpation in the upper, mid, and lower paravertebral muscles of the thoracic spine. There was mild limitation of motion noted. Upon examination of the lumbar spine, there was tenderness to palpation in the upper, mid, and lower paravertebral muscles. The range of motion was painful. The injured worker was noted to have medication use of Naprosyn, Protonix, and Norco. The treatment plan included options for psychological care and an MRI. The provider's rationale for the request was within the documentation dated 04/02/2014. A Request for Authorization form was not provided within the documentation submitted for review for this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychological Care: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303,Chronic Pain Treatment Guidelines Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23.

Decision rationale: The request for psychological care is non-certified. The California MTUS Chronic Pain Medical Treatment Guidelines recommend behavioral interventions for the identification and reinforcement of coping skills. This can be more useful in the treatment of pain than ongoing medication or therapy. The documentation provided does not objectively state a need for behavioral intervention based on a lack of coping skills or unmanaged pain. Due to a lack of documentation to support the criteria under the guidelines, the request for psychological care is non-certified.