

Case Number:	CM14-0087449		
Date Assigned:	07/25/2014	Date of Injury:	05/24/2012
Decision Date:	10/10/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/11/2014

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 53-year-old gentleman was reportedly injured on May 24, 2012. The mechanism of injury is noted as straining his back while lowering landing gear. The most recent progress note, dated April 7, 2014, indicates that there are ongoing complaints of low back pain radiating to the bilateral thighs. No focused physical examination was performed on this date. There was a diagnosis of lumbar disc displacement, chronic pain syndrome, opioid dependence, and depressive disorder. Diagnostic imaging studies of the lumbar spine revealed moderate disc space narrowing at L5 - S1 with endplate spondylosis and facet joints sclerosis. Similar changes were also present at L3 - L4, L4 - L5, and L1 - L2. Flexion extension views showed no evidence of spondylolisthesis. Previous treatment includes oral medications. A request had been made for six sessions of pain psychology visits for the lumbar spine and was not certified in the pre-authorization process on May 29, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

special service/proc/report (6 sessions of pain psychology visits for the lumbar spine, 1 visit per week): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101-102 of 127..

Decision rationale: According to the progress note dated April 7, 2014, the injured employee has been cleared to begin a functional restoration program and the injured employee was recommended to start on the date of this examination. Considering this, six sessions of pain psychology visits would be redundant. As such, this request for six sessions of Pain Psychology visits for the Lumbar Spine are not medically necessary.