

Case Number:	CM14-0091549		
Date Assigned:	07/25/2014	Date of Injury:	11/28/2005
Decision Date:	08/28/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	06/17/2014

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 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 38-year-old male was reportedly injured on 11/28/2005. The mechanism of injury was noted as a fall. The most recent progress note, dated 5/12/2014, indicated that there were ongoing complaints of back and rib pain. The physical examination demonstrated positive tenderness to palpation of the lumbar facets bilaterally at L3, L4 and S1, positive twitch trigger point in the lumbar paraspinal muscles and antalgic gait. The patient had limited range of motion with pain. No recent diagnostic studies are available for review. His previous treatment included trigger point injections, epidural steroid injections, lumbar fusion, and medications. A request was made for referral to pain and psych evaluation which not certified in the pre-authorization process on 5/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Psych evaluation and treatment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100-102. Decision based on Non-MTUS Citation Official Disability Guidelines Cognitive behavioral therapy guidelines.

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),¹ ACOEM Practice Guidelines, 2nd edition, Chapter 7 - Independent Medical Examinations and Consultations, page 127.

Decision rationale: The MTUS ACOEM Guidelines state the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. The available medical records documented mild low back and rib pain without radicular symptoms at the last office visit. There was also no documentation of mental health issues, or pain uncontrolled with current regimen. It was noted the injured worker had an acute exacerbation after getting into a fight. As such, this request is not medically necessary.