

Case Number:	CM14-0105195		
Date Assigned:	07/30/2014	Date of Injury:	03/03/2011
Decision Date:	01/09/2015	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/08/2014

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 Family Medicine 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:

Patient had a date of injury on 3/3/2011. Patient injured her back when she was lifting a box with a twist and turn motion and had a sudden significant pain that was felt in her right low back, right buttock, right hip and right thigh. Patient had lumbar facet injections on 1/2/2013 at the right L2, L3, L4 and L5 medial branches. MRI of the lumbar spine on 6/24/13 revealed normal findings. Diagnosis includes: sprain lumbar region, sciatica and sprain thoracic region.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychological evaluation for cognitive behavior x6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations Page(s): 100.

Decision rationale: According to guidelines it states psychological evaluations are needed if there are psychological complaints by the patient. According to the medical records there is no documentation that the patient has these complaints and thus is not medically necessary.

LSO corset: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: According to guidelines it states there is no benefit with lumbar support braces beyond the acute phase of symptom relief and thus is not medically necessary as this patient is past the acute phase.