

Case Number:	CM14-0137988		
Date Assigned:	09/05/2014	Date of Injury:	08/11/2004
Decision Date:	05/19/2015	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	08/26/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 54 year old female, who sustained an industrial injury on 8/11/2004. She reported low back pain after lifting a box. The injured worker was diagnosed as having multilevel cervical herniations with stenosis and radiculitis, chronic back pain, chronic lower extremity radicular pain, and depressive disorder. Treatment to date has included medications, laboratory evaluations, back surgery, electrodiagnostic studies, and physical therapy. The request is for pain psychology evaluation and treatment. The records indicate the injured worker had a poor response to spine surgery, had a weight loss of 100 pounds, and was using medical marijuana. She has a history of prior suicide attempt in 1991. The treatment plan included implantation of percutaneous peripheral neurostimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Psychology Evaluation and Treatment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Assessing Red Flags and Indication for Immediate Referral, Chronic pain programs, Early intervention
Page(s): 171, 32-33.

Decision rationale: According to MTUS Guidelines, the presence of red flags may indicate the need for specialty consultation. In addition, the requesting physician should provide a documentation supporting the medical necessity for a pain management evaluation with a specialist. The documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. In the chronic pain programs, early intervention section of MTUS Guidelines states: "Recommendations for identification of patients that may benefit from early intervention via a multidisciplinary approach: (a) The patient's response to treatment falls outside of the established norms for their specific diagnosis without a physical explanation to explain symptom severity. (b) The patient exhibits excessive pain behavior and/or complaints compared to that expected from the diagnosis. (c) There is a previous medical history of delayed recovery. (d) The patient is not a candidate where surgery or other treatments would clearly be warranted. (e) Inadequate employer support. (f) Loss of employment for greater than 4 weeks. The most discernible indication of at risk status is lost time from work of 4 to 6 weeks. (Mayer 2003)"In this case, the request was made in conjunction with the need for permanent implantation of percutaneous peripheral neurostimulator. The need for the implantation of percutaneous peripheral neurostimulator is not established. Therefore, the request for Psychology Evaluation and Treatment is not medically necessary.