MAXIMUS Federal Services

Case Number:	CM14-0198911		
Date Assigned:	12/09/2014	Date of Injury:	12/15/2006
Decision Date:	02/10/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	11/26/2014

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. The expert reviewer is Board Certified in Occupational 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:

The applicant is a represented [redacted] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of December 15, 2006. In a Utilization Review Report dated November 18, 2014, the claims administrator failed to approve a request for a detailed pain management-psychology/psychiatry evaluation with associated psychological testing for the lumbar spine. The claims administrator seemingly referenced an October 17, 2014 progress note in its determination. The applicant's attorney subsequently appealed. In a November 14, 2014 progress note, the applicant reported persistent complaints of low back pain and myofascial pain complaints, 4/10. The applicant is having issues with anger, depression, and pain. The applicant's medication list included Lidoderm, Percocet, Aleve, and BuTrans. The applicant is sleeping only three to five hours at night. The applicant was asked to try Gralise, topical NSAIDs, and continue Percocet. The applicant's work status was not clearly stated, although it did not appear that the applicant was working. In an October 17, 2014 progress note, the applicant stated that his quality of life would be significantly diminished without Percocet. The applicant's medications included Lidoderm, Percocet, Aleve, and BuTrans. The applicant was having issues with myofascial pain, discogenic pain, and chronic pain syndrome issues. The applicant was described as having very poor quality of life. The applicant was [redacted] speaking and was unable to communicate well in English, it was further stated. Percocet, Aleve, Zantac, heat packs, and topical Flurbiprofen were endorsed. The attending provider also suggested the applicant obtain a psychological evaluation and/or psychological testing to address the applicant's reportedly "severe pain related emotional factors." The applicant's work status was not outlined.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Psych detailed evaluation (testing) for lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 397,Chronic Pain Treatment Guidelines Psychological Evaluations Page(s): 100.

Decision rationale: 1. No, the request for Pain Management-Psychology-detailed evaluation with associated psychometric testing for the lumbar spine is not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 15, page 397, in general, neuropsychological testing is not indicated early in the diagnostic evaluation but, rather, is most useful in accepting functional status or determining workplace accommodations in applicants with stable cognitive deficits. Here, the applicant's cognitive deficits are not stable. The applicant's depression and anxiety were described as worsening on an October 14, 2014 office visit. The applicant did not appear to be working. It did not appear that the psychological testing at issue was being employed to facilitate workplace accommodations as it is did not appear that the applicant was working, was intent on working, and/or had any intention of returning to workplace. ACOEM Chapter 15, page 397 further suggests that "exhaustive testing" from a psychiatric or psychological perspective is generally unrewarding and should be avoided. While page 100 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend psychological evaluations in the chronic pain context present here, the request cannot be supported as written as it, by implication includes extensive psychometric testing/psychological testing, which is deemed generally "unrewarding," per ACOEM Chapter 15, page 397. Therefore, the request is not medically necessary.