

<b>Case Number:</b>	CM15-0001947		
<b>Date Assigned:</b>	01/13/2015	<b>Date of Injury:</b>	10/03/2013
<b>Decision Date:</b>	03/13/2015	<b>UR Denial Date:</b>	12/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/05/2015

### 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: California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 42-year-old female who reported an injury on 10/03/2013. The mechanism of injury was noted as the injured worker slipping and twisting her back and hip. Her diagnoses were noted as lumbago, sprain/strain to the lumbar region, disorders of the sacrum, and unspecified thoracic/lumbar neuritis. Her past treatments were noted to include chiropractic therapy, medication, injection, psychological treatment, and activity modification. Diagnostic studies and surgical history were not provided. During the assessment on 11/05/2014, the injured worker presented for a followup for her lumbar spine and right hip pain. The injured worker indicated that there was no improvement since the last visit. She complained of constant sharp or burning pain on her lower back and the right hip. She reported that the bottom of her right buttocks was numb with no pain, just numbness. She reported flexing problems on her left 1st and 2nd toes. The physical examination revealed tenderness to palpation in the lumbar spine midline and paravertebral areas. There was a positive straight leg raise test on the left side. There was decreased sensation to light touch and palpation in the lower left extremity at the L5 distribution. There were positive bilateral facet loading tests. There was a positive Faber's test on the right side. Her motor strength was 5/5 in both lower extremities with a normal gait. Her medication was noted to include Celebrex and Flexeril. Dose and frequency were not provided. The treatment plan was to request a right sacroiliac joint injection, refer to pain coping skills and anxiety evaluation and treatment, stop Gabapentin because of side effects that could not be tolerated, continue Celebrex and Flexeril with current dose, and continue with chiropractic care.

The rationale for the request was not provided. The Request for Authorization form was not submitted for review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Evaluation and treatment with [REDACTED] for pain coping skills and anxiety:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, Independent Medical Examination and Consultation

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398-404.

**Decision rationale:** The request for Evaluation and treatment with [REDACTED] for pain coping skills and anxiety is not medically necessary. The California MTUS/ACOEM Guidelines state that specialty referral may be necessary when patients have a significant psychopathology or serious medical comorbidities. Some mental illnesses are chronic conditions, so establishing a good working relationship with the patient may facilitate a referral or the return to work process. It is recognized that primary care physicians and other nonpsychological specialists commonly deal with and try to treat psychiatric conditions. The clinical documentation did not indicate that the patient suffered from anxiety or requested any kind of additional pain coping skills other than medication. The rationale for the request for an evaluation and treatment for pain coping skills and anxiety was not provided. As such, the request is not medically necessary.