

Case Number:	CM15-0006498		
Date Assigned:	01/26/2015	Date of Injury:	12/30/1998
Decision Date:	03/24/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/12/2015

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: Illinois
 Certification(s)/Specialty: Psychiatry

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 male who reported an injury on 12/24/1998. The mechanism of injury was not specifically stated. The current diagnoses include status post fusion at L3-S1, left sacroilitis, right shoulder arthralgia, chronic pain syndrome, and lumbar facet arthropathy. The injured worker presented on 12/15/2014 with complaints of low back pain. The injured worker also reported constant left buttock pain and numbness with radiation into the left lower extremity down to the foot. On 11/07/2014, the injured worker underwent a left SI joint injection. Previous conservative treatment also includes psychiatric treatment and medication management. The injured worker utilizes a cane and a back brace with activities to assist with ambulation. It was also noted that the injured worker participates in a daily home exercise regimen. The current medication regimen includes Vicoprofen 7.5/200 mg and methadone 5 mg. Upon examination, there was moderate tenderness to palpation over the bilateral lumbar paraspinal muscles, spasm, tenderness over the left psis, severely decreased flexion and extension, 4+/5 motor weakness in the bilateral lower extremities, intact sensation, positive straight leg raise on the left, positive Fortin test, positive faber test, positive Gaenslen's maneuver, and 3 positive SI joint provocation tests on the left. It was noted that the injured worker's CURES report dated 12/15/2014 was consistent. The latest urine toxicology report dated 07/07/2014 was also consistent. Laboratory and med panel dated 07/07/2014 revealed normal renal and hepatic function. Recommendations at that time included continuation of the current medication regimen, a followup pain management appointment in 4 weeks, a spine

surgery followup visit, and continuation of pain psychiatry treatment. A request for authorization form was then submitted on 12/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatry Treatment: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101-102.

Decision rationale: The California MTUS Guidelines recommend psychological treatment for appropriately identified patients during treatment for chronic pain. Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective. Psychological treatment incorporated into pain treatment has been found to have a positive short term effect on pain interference and long term effect on return to work. The request is for continuation of Psychiatry treatment. However, the specific type of psychiatry treatment requested was not listed. Documentation of objective functional improvement following the initial course of psychiatry treatment was not provided. Given the above, the request is not medically appropriate.