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| <b>Case Number:</b>   | CM15-0014968 |                              |            |
| <b>Date Assigned:</b> | 02/02/2015   | <b>Date of Injury:</b>       | 03/19/2008 |
| <b>Decision Date:</b> | 04/01/2015   | <b>UR Denial Date:</b>       | 12/24/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/26/2015 |

### 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, Massachusetts  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This 60-year-old woman sustained an industrial injury on 3/19/2008. The mechanism of injury was not detailed. Current diagnoses include status post multiple lumbar surgeries with lumbar radiculopathy, headaches, and probable cervical radiculopathy. Treatment has included oral medications, six sessions of chiropractic treatment, four sessions of acupuncture, and three sessions of physical therapy. Physician notes dated 11/14/2014 showed symptoms unchanged since her last appointment. Recommendations include Tylenol with Codeine 300/30, follow up appointments with specialists already involved (no area of expertise were included), Norco, and Capsaicin cream. On 12/24/2014, Utilization Review evaluated a prescription for ongoing care with doctor that was submitted on 12/29/2014. The UR physician noted it is unclear from the documentation if there has been functional improvement after being treated by this physician. Further, the request does not specify the amount of visits. The MTUS, ACOEM Guidelines, (or ODG) was cited. The request was denied and subsequently appealed to Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

Ongoing care with XXXXXXXXXX: Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological services Page(s): 101-1032.

**Decision rationale:** According to CA MTUS "psychological services are recommended for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective." The above patient has been treated by a psychologist; it is unclear to me from the provided records what the clinical rationale is for both psychological as well as psychiatric care. Additionally the requested treatment does not specify timeline, duration or scope of ongoing care with [REDACTED]. A defined and limited request of treatment should be considered, but this request for "ongoing care" is not supported by the guidelines and records provided.