

Case Number:	CM15-0137953		
Date Assigned:	07/27/2015	Date of Injury:	12/13/2013
Decision Date:	08/28/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/16/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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(n) 55 year old female, who sustained an industrial injury on 12/13/13. She reported injury to her lower back after she bent over to pick up an object off the floor. The injured worker was diagnosed as having lumbar myofascial pain, L5-S1 discogenic pain and bilateral trochanteric bursitis. Treatment to date has included acupuncture x 12 with no relief, physical therapy with no relief, a lumbar epidural injection x 2 with no relief, Aspirin, Ibuprofen and Norco. As of the PR2 dated 6/23/15, the injured worker reports pain in the lower back and hips. She rates her pain a 7/10 at best and a 10/10 at worst. She indicated that the medication regiment is ineffective. Objective findings include decreased lumbar range of motion, unable to walk on heels and positive lumbar facet loading bilaterally. The injured worker reported trying and failing Percocet and Nucynta. The treating physician requested a referral to pain management psychologist for evaluation for CBT and pain coping skills training and an orthopedic lumbar brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to pain management psychologist for evaluation for CBT and pain coping skills training: Upheld

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

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

Decision rationale: CA MTUS Guidelines state that psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. In this case, the request is for a referral to a pain management psychologist for evaluation for CBT and pain coping skills. The medical records document chronic pain unresponsive to multiple modalities, including physical therapy, acupuncture, medications and epidural steroid injections. Psychological assessment of the patient's pain may prove beneficial to this patient's management. Therefore referral to a pain management psychologist is medically necessary; however evaluation for CBT and pain coping skills training is yet to be determined and is not yet medically necessary.

Orthopedic lumbar brace dispensed on 06/23/15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar Supports.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: CA MTUS notes that lumbar supports are not recommended outside the acute phase of symptom relief. They are only recommended for fractures, spondylolithesis or documented instability of the lumbar spine. There is no evidence that lumbar supports have any long-term effectiveness. In this case, the injury was in 2013, so she is long past the acute phase. In addition, the patient does not have any of the above clinical problems requiring a lumbar support. There is also no documentation of functional improvement from any previous use of lumbar supports. Thus, the request is deemed not medically necessary or appropriate.