

<b>Case Number:</b>	CM15-0140927		
<b>Date Assigned:</b>	08/05/2015	<b>Date of Injury:</b>	03/29/2011
<b>Decision Date:</b>	09/01/2015	<b>UR Denial Date:</b>	06/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/20/2015

### 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: 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:

The injured worker is a 38 year old male who sustained an industrial lifting injury on 03-29-2011. The injured worker was diagnosed with degenerative disc disease with residual radiculopathy, post discectomy syndrome and multi-level thoracic disc protrusions. The injured worker is status post left L4-L5 laminotomy and discectomy in September 2011. Treatment to date has included diagnostic testing, surgery, physical therapy, lumbar epidural steroid injection, psychological evaluation and medications. According to the primary treating physician's progress report on May 27, 2015, the injured worker continues to experience low back pain radiating into the left buttock, thigh and associated with numbness in the lateral left foot. Evaluation noted a normal gait and able to heel and toe walk without deficits. Examination of the lumbar spine noted tenderness of the midline lumbosacral area with decreased range of motion with pain. No spasm was evident. Flexion was documented as fingertips reach to thighs. Motor strength and deep tendon reflexes were intact with numbness noted in the left lateral foot. Straight leg raise was positive on the left while seated and supine. There is a history of psychiatric overlay and possible substance misuse. The injured worker is considered at maximum medical improvement Treatment plan consists of possible future lumbar spine fusion and the current request for long-term pain management and psychiatric evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Long term pain management:** Overturned

**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 Patients with Intractable Pain Page(s): 6.

**Decision rationale:** MTUS Chronic Pain Guidelines specifically state that patients with chronic pain should have access to treatment. This non-specific request for long term pain management is vague and open ended, however it appears obvious that long term treatment for pain will be necessary. Specific treatment plans and requests can be reviewed for compliance with Guidelines, as this is not a request for open ended and unlimited treatment, but more of a vague statement that some treatment will be necessary long term. Under these circumstances, long-term pain management is supported by Guidelines and is medically necessary.

**Psych Evaluation:** Overturned

**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 Treatment Page(s): 101, 102.

**Decision rationale:** MTUS Guidelines are supportive of psychological treatment in appropriately identified individuals with co-existing chronic pain and psychological disorders. This individual appears to qualify for at least Psych evaluations as a chronic pain condition co-existing with psychological difficulties are clearly described. The request for a Psych evaluation is consistent with Guidelines and is medically necessary. Any Psych treatment requests can be monitored for consistency with Guideline recommendations.