MAXIMUS Federal Services

Case Number:	CM15-0141685		
Date Assigned:	07/31/2015	Date of Injury:	02/05/2014
Decision Date:	09/04/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/21/2015

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, Texas, Florida
Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 a work related injury February 5, 2014. He was hit in the back by a boom lift, with back pain, left worse than right, radiating into the left buttock, posterior thigh, posterior-lateral calf, bottom of foot. Past history included status post bilateral L5-S1, left L4-5 micro-decompression with microdiscectomy January 8, 2015. According to a primary treating physician's progress report dated June 16, 2015, the injured worker presented frustrated that he is in pain and reporting that physical therapy has not been helpful. Current medication included Hydrocodone-acetaminophen, Voltaren, Ambien, and Trazadone. Physical examination revealed; global antalgic slowed stooped wide-based gait. Examination of the lumbar spine revealed tenderness of the paravertebral muscles on palpation, and tight muscle band and trigger points are noted on both sides. Diagnoses are cervicalgia; low back pain; lumbar disc disorder. Treatment plan included acupuncture, follow-up with spine surgeon, medication, and at issue, a request for authorization for pain management counseling, one time a week for eight weeks, with a qualified mental health professional.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management counseling 1 time per week for 8 weeks, with qualified mental health professional: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment, behavioral interventions.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100-102 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Behavioral Interventions.

Decision rationale: Regarding the request for Pain management counseling 1 time per week for 8 weeks, with qualified mental health professional, Chronic Pain Medical Treatment Guidelines state that psychological evaluations are recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected using pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are pre-existing, aggravated by the current injury, or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. ODG states the behavioral interventions are recommended. Guidelines go on to state that an initial trial of 3 to 4 psychotherapy visits over 2 weeks may be indicated. Within the documentation available for review, there are subjective complaints of psychological issues and there indication of what is intended to be addressed with the currently requested psychological consultation. However, the current request exceeds guidelines recommendations for a trial and unfortunately, there is no provision to modify the current request. As such, the currently requested Pain management counseling 1 time per week for 8 weeks, with qualified mental health professional is not medically necessary.