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| Case Number: | CM15-0142756 | | |
| Date Assigned: | 08/03/2015 | Date of Injury: | 09/30/2012 |
| Decision Date: | 08/31/2015 | UR Denial Date: | 07/17/2015 |
| Priority: | Standard | Application Received: | 07/23/2015 |

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 63 year old male, who sustained an industrial injury on 9-30-2012. The records submitted for this review did not include the details regarding the initial injury. Diagnoses include displaced lumbar disc, radiculitis, chronic pain syndrome, and anxiety and depression secondary to chronic pain. Treatments to date include chiropractic therapy, sacroiliac joint injection. Currently, he complained of low back pain with radiation down right lower extremity. On 7-1-15, the physical examination documented tenderness to the lumbar region and bilateral sciatic notch. The plan of care included a pain management consultation and a behavior pain management consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consult with Doctor: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 289-291.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Section, Opioids Dosing Section Page(s): 78, 86.

Decision rationale: The MTUS guidelines recommend consultation with pain management if opioid are required for extended periods (beyond what is usually required for the condition) or if pain does not improve on opioids in three months. Pain management consultation is also recommended for the rare case when total daily opioid therapy exceeds 120 mg oral morphine equivalents. There is no indication that the injured worker needs pain management evaluation. In this case, the injured worker's treatments to date include chiropractic therapy, sacroiliac joint injection. There is no indication that the he is being prescribed opioids for pain control. There is no explanation of the rationale behind this request for pain management, therefore, the request for pain management consult with doctor is determined to not be medically necessary.

Behavioral pain management with Doctor: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Section Page(s): 23.

Decision rationale: Per the MTUS Guidelines, behavioral interventions are recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. The criteria for use of cognitive behavior therapy (CBT) for chronic pain include (1) Screen for patients with risk factors for delayed recovery, including fear avoidance beliefs (2) Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine (3) Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone with an initial trial of 3-4 psychotherapy visits over 2 weeks. With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions) are recommended. In this case, there is no explanation as to why the treating physician is requesting a behavioral pain management consult. There is no indication that the injured worker is taking any opioids for pain control. The request for behavioral pain management with doctor is determined to not be medically necessary.