

Case Number:	CM15-0184291		
Date Assigned:	09/24/2015	Date of Injury:	12/07/2011
Decision Date:	12/03/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/18/2015

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: Psychologist

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 36 year old male, who sustained an industrial injury on December 7, 2011, incurring low back injuries. Magnetic Resonance Imaging revealed disc extrusion of the lumbosacral spine. He was diagnosed with lumbar degenerative disc disease and bilateral lumbosacral radiculopathy. Treatment included anti-inflammatory drugs, pain medications, epidural steroid injection, muscle relaxants, neuropathic medications, oral steroids, and activity restrictions. Currently, the injured worker complained of worsening low back pain radiating into his legs. He noted difficulty walking for any length of time. Upon examination, the injured worker was noted to have a slow gait and limited range of motion in the lumbar spine. He had increased weakness in both of his knees. On February 10, 2015, a lumbar spine Magnetic Resonance Imaging revealed severe neural foraminal stenosis with disc bulging, and facet hypertrophy. The injured worker was certified for a surgical lumbar discectomy. He reported difficulty sleeping and bouts of depression and anxiety secondary to the persistent low back and leg pain. The treatment plan that was requested for authorization included pain psychology sessions for the lumbar spine. The injured worker was denied pain psychology sessions for the lumbar spine by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain psychology sessions 1x4 for the lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions, Psychological treatment.

Decision rationale: Based on the review of the medical records, the injured worker continues to experience chronic pain since his work-related injury in 2011. Based on [REDACTED] records, the injured worker has also developed some psychiatric symptoms of depression and anxiety secondary to his chronic pain. The request under review is for an initial 4 pain psychology sessions. Unfortunately, there has been no psychological evaluation conducted prior to this request. An evaluation is critical not only for diagnostic purposes, but for offering appropriate treatment recommendations as well. Without this information, the request for treatment is premature. As a result, the request for 4 pain psychology sessions is not medically necessary.