

Case Number:	CM15-0191730		
Date Assigned:	10/05/2015	Date of Injury:	12/03/2010
Decision Date:	11/18/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	09/29/2015

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:

This injured worker is a 28-year-old male who reported an industrial injury on 12-3-2010. His diagnoses, and or impressions, were noted to include: lumbar spondylosis, status-post multi-level lumbar laminectomy (12-28-10), and revision surgery (8-6-13), with persistent lower back pain and periodic referred left leg pain; lumbar spinal degenerative disc disease; and low back pain. No current imaging studies were noted. His treatments were noted to include: completion of "EBFR" and after-care program; a home exercise program; trans-cutaneous electrical stimulation unit therapy; medication management with toxicology studies (3-6-15 noted to be consistent); and rest from work. The periodic office visit progress notes of 9-10-2015 reported complaints which included: lower backache pain, rated 3.5 out of 10 with medications and 7 out of 10 without; an unchanged quality of activity level with no new problems; that his medications were working well without problems or side-effects; and difficulty coping with his chronic pain and how it affected his social life and financial potential. The objective findings were noted to include: the appearance of mild pain and of depression; obesity; a slow and antalgic gait without the use of an assistive device; tenderness and tight muscle bands in the bilateral lumbar para-vertebral muscles, with positive bilateral facet loading and bilateral straight leg raise test in supine, and restricted lumbar range of motion from pain; decreased right "EHL" motor strength; and decreased bilateral knee and ankle jerk reflexes. The physician's requests for treatment were noted to include a one-time consult with a specific doctor to address his current pain-coping skills and to make recommendations for improvement. No Request for Authorization for a referral to pain management psychologist for evaluation and treatment with cognitive-behavioral

therapy and pain coping skills training, as an outpatient was noted in the medical records provided. The Utilization Review of 9-23-2015 non-certified the request for a referral to pain management psychologist for evaluation and treatment with cognitive-behavioral therapy and pain coping skills training, as an outpatient.

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 cognitive behavioral therapy 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 American College of Occupational and Environmental Medicine, Chapter 7, Page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness and stress.

Decision rationale: The CA MTUS does not specifically address referral to a pain management psychologist for evaluation for cognitive behavioral therapy and pain coping skills training. Therefore, ODG was referenced. While psychological evaluations are generally accepted, well established diagnostic procedures and diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by current injury, or work related. Psycho-social evaluations should determine if further psycho-social interventions are indicated. Not every patient with chronic pain requires a psychometric evaluation. In this case, there is no evidence provided, other than the diagnoses listed, of psychological issues. Due to the lack of information provided, the request must be deemed not medically necessary or appropriate.