

Case Number:	CM15-0191939		
Date Assigned:	10/06/2015	Date of Injury:	09/13/1997
Decision Date:	11/18/2015	UR Denial Date:	09/22/2015
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: Texas, New York, 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 applicant is a represented 38-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of September 13, 1997. In a utilization review report dated September 22, 2015, the claims administrator failed to approve a request for a risk management evaluation with psychology. The claims administrator referenced a progress note of September 1, 2015 and an associated RFA form of September 15, 2015 in its determination. The applicant's attorney subsequently appealed. On said September 1, 2015 office visit, the applicant reported ongoing complaints of low back pain radiating to the lower extremities. The applicant was on Suboxone, it was stated in one section of the note. The applicant apparently had familial issues also present, it was stated. The applicant was described as having undergone multiple failed lumbar spine surgeries. The applicant denied any issues with opioid cravings or withdrawal symptoms as of this date. The applicant was asked to obtain a new lumbar MRI, consider a functional restoration program at another point in time, and apparently obtain a risk management evaluation at some time with a psychologist. The risk management evaluation was sought via a September 15, 2015 RFA form and was incidentally alluded to on the September 1, 2015 office visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Risk management evaluation with psychology: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological evaluations.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management, and Stress-Related Conditions 2004, Section(s): Physical Examination.

Decision rationale: Yes, the request for a risk management evaluation with psychology was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 5, page 92, referral may be appropriate when a practitioner is uncomfortable treating or addressing a particular cause of delayed recovery. Here, the requesting provider's September 1, 2015 office visit seemingly suggested that he wished for the applicant to consult a psychologist to seemingly determine the applicant's potential for relapsing and/or reusing opioids. The attending provider's September 1, 2015 progress note stated that the applicant had a history of chronic intractable back pain status post multiple failed spine surgeries with resultant opioid dependence. The applicant was apparently using Suboxone film for the purposes of weaning or tapering off opioids, the treating provider suggested (but did not clearly state) on that date. The MTUS Guideline in ACOEM Chapter 15, page 395 also stipulates that a clinician needs to maintain a high index of suspicion for underlying depression and for other medical disorders, which might present with psychosomatic symptoms, including substance abuse, withdrawal, etc. Here, obtaining the psychological evaluation in question was indicated to determine the likelihood of the applicant's relapsing and/or reusing opioids, for instance. Therefore, the request was medically necessary.