

Case Number:	CM15-0192879		
Date Assigned:	10/06/2015	Date of Injury:	07/19/1999
Decision Date:	11/16/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/01/2015

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: New York, Pennsylvania, Washington

Certification(s)/Specialty: Internal Medicine, Geriatric 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 51 year old male who sustained an industrial injury on July 19, 1999. A recent primary treating follow up dated September 10, 2015 reported subjective complaints of: "severe pain in lower back." This pain is noted "well controlled in the past with transforaminal steroid injection." Medication "provides him better ability to function with ADLs, including volunteering at his church." There is noted discussion regarding attempted admission for detoxification with denial and the worker self- weaned over 50% of medications already. He has complaint of: "right hip pain and requests an IT Opioid trial." The worker complains of "lumbar pain radiating to the bilateral feet primarily relieved with medication and home exercise program." Current medications consisted of: Zipsor, Soma, Trazadone, Norco, and MS Contin. Problems seen this visit noted: degenerative joint disease, right hip; strain and sprain, lumbar region; failed back surgery syndrome and lumbar radiculopathy. An Opioid contract was reviewed this visit. Primary follow up dated January 31, 2015 reported subjective complaint of "continues to report severe low back and left lower extremity dysesthetic pain." At primary follow up dated February 27, 2015 he had complaint of anxiety. On April 27, 2015 he underwent transforaminal epidural injection. Primary follow up dated March 30, 2015 he had subjective complaint of: " anxiety, and depression." The worker noted with subjective complaint of anxiety at primary follow up dated May 05, 2-15. Primary follow up dated June 03, 2015 there were no noted subjective complaint of psychological issue. At primary follow up dated June 26, 2015 he reported "depression and anxiety." On September 22, 2015 a request was made

for a psychological evaluation and pump trial treating lumbar spine that were noncertified by Utilization Review on September 30, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) psych evaluation prior to pump trial for the lumbar psine: 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): Psychological treatment.

Decision rationale: This injured worker has chronic pain after an injury sustained in 1999. Per the guidelines, psychological treatment is focused on improved quality of life, development of pain coping skills, cognitive-behavioral therapy, and improving facilitation of other modalities. The physician suggests that the worker has anxiety and depression. The records do not document that the physician explored these symptoms or severity of these symptoms in any detail with the worker or provided any cognitive or psychiatric evaluation to justify the potential diagnoses. The primary care physician can treat the symptoms first prior to referral to a psychologist or psychiatrist. The records do not justify the medical necessity for a psychiatric/psychological evaluation, therefore is not medically necessary.