

Case Number:	CM15-0197838		
Date Assigned:	10/13/2015	Date of Injury:	11/29/2011
Decision Date:	11/24/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	10/08/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 48 year old female, who sustained an industrial injury on November 29, 2011. She reported injury to her lumbar spine. The injured worker was currently diagnosed as having lumbosacral spondylosis without myelopathy, sacroiliitis not elsewhere classified, electronic prescribing enabled, encounter for long-term use of other medications and myalgia and myositis not otherwise specified. Treatment to date has included medication and exercise. On August 27, 2015, the injured worker complained of low back and bilateral lower extremity pain. The pain was described as an aching and a lancinating sensation that is exacerbated by periods of increased activity and lifting of objects. She reported that the use of her medications does produce an "appreciable degree of pain relief." Her medications were noted to provide her the ability to achieve a higher degree of daily function. The injured worker was noted to be on controlled substance therapy. The treatment plan included a newer low profile brace, medications, urine screening, electronic based psychological screening and follow-up visit. On September 8, 2015, utilization review denied a request for electronic psychological testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electronic Psychological Testing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic pain program, page(s) 30-34, Official Disability Guidelines (ODG) Pain, Chronic Pain Programs, Psychologic Evaluation.

Decision rationale: MTUS does not directly address referral for a psychiatric evaluation but discusses a multi-disciplinary approach to pain. MTU states, "Criteria for the general use of multidisciplinary pain management programs: Outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met: (1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success above have been addressed." ODG states concerning psychological evaluation "Recommended for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder)." The treating physician has not provided detailed documentation of chronic pain treatment trials and failures, specific goals of those treatments, and the goal of the psychiatric evaluation. As such the request for electronic psychological testing is not medically necessary.