

Case Number:	CM15-0201350		
Date Assigned:	10/16/2015	Date of Injury:	01/18/2010
Decision Date:	12/02/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	10/13/2015

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 48 year old male, who sustained an industrial injury on 1-18-2010. Diagnoses include low back pain, left sacroiliitis, and lumbar facet joint arthritis. Treatments to date include modified activity, medication therapy, and physical therapy for a work hardening program, and lumbar facet blocks. On 8-26-15, he complained of ongoing low back pain rated 4 out of 10 VAS. Current medications for at least six months included Norco and Diclofenac, with decreased pain noted with use. The physical examination documented lumbar muscle spasms and stiffness with tenderness in the facet joints bilaterally. There were no abnormal subjective or objective psychological findings documented in the records submitted for this review. The plan of care included continuation with medication therapy as previously prescribed and a pain psychology consultation. The appeal requested authorization for a pain psychology consultation including six to eight (6-8) follow up visits, as an outpatient. The Utilization Review dated 9-11-15, denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Psychology Consultation including six to eight follow-up visits as an outpatient:

Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

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

Decision rationale: Based on the review of the medical records, the injured worker continues to experience chronic pain since his work-related injury in 2010. In the 8/26/15 report, it is recommended that the injured worker be evaluated by a pain psychologist due to delayed recovery of his pain. The request under review is based upon this recommendation with an added request for follow-up services. Considering that the injured worker continues to experience chronic back pain several years following his injury, the request for a psychological consultation to rule out psychological factors interfering with his recovery appears reasonable and is supported by the CA MTUS. However, the additional six to eight follow-up visits cannot be determined at this time without having already completed an evaluation. Therefore, the part of the request for follow-up visits is premature. As a result, the request for a pain psychology consultation with six-eight follow-up visits as an outpatient is not medically necessary.