

Case Number:	CM15-0020521		
Date Assigned:	02/11/2015	Date of Injury:	06/09/2014
Decision Date:	04/07/2015	UR Denial Date:	01/02/2015
Priority:	Standard	Application Received:	02/03/2015

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 32-year-old female with a reported date of injury on 06/09/2014. The mechanism of injury was a slip and fall. The injured worker's diagnoses include radiculopathy, spinal lumbar degenerative disc disease, low back pain, and spasm of low back musculature. An MRI of the lumbar spine performed on 09/10/2014 was noted to reveal posterior annular tears of the lower levels with no significant posterior disc bulge present, as well as no evidence of spinal canal or neural foraminal stenosis. However, there was multilevel lower lumbar joint facet arthropathy. The injured worker's treatments to date include physical therapy, medication, chiropractic treatment, and activity restrictions. The progress report dated 12/18/2014 noted the injured worker had complaints of pain rated 4/10 with medications and 7/10 without. At that time, it was noted the injured worker was taking Etodolac and methocarbamol. On physical examination, the injured worker was noted to have a slow, wide based gait. Range of motion of the lumbar spine was restricted and there was tenderness to the paravertebral musculature bilaterally. Lumbar facet loading was positive bilaterally and the straight leg raise was positive bilaterally at 60 degrees. On sensory examination, light touch sensation was decreased over the lateral foot and lateral calf bilaterally. It was noted under the treatment plan that the injured worker continued to have worsening mood due to poor functional activity and work as a police officer. Therefore, the physician was requesting a referral to a pain management psychologist for evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Specialist Referral to pain management psychologist for evaluation for evaluation for cognitive-behavioral therapy and pain-coping skills training: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100-101.

Decision rationale: According to the California MTUS Guidelines, psychological evaluations are recommended and generally accepted, well established diagnostic procedures used in the chronic pain populations. The guidelines continue to state that psychological evaluations provide clinicians with better understanding of the injured worker's social environment, thus allowing for a more effective rehabilitation process. It was noted in the documentation that the injured worker has had continued pain despite treatments to date and was noted to have continued worsening mood. As psychological evaluations in chronic pain populations is recommended and allows for more effective rehabilitation strategies, the request for Specialist Referral to pain management psychologist for evaluation for evaluation for cognitive-behavioral therapy and pain-coping skills training is considered medically necessary.