

Case Number:	CM15-0025327		
Date Assigned:	02/26/2015	Date of Injury:	08/19/2007
Decision Date:	04/08/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/10/2015

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, Hawaii
 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 58-year-old female, who sustained an industrial injury on August 19, 2007. The diagnoses have included lumbar post-laminectomy syndrome, thoracic or lumbosacral neuritis or radiculitis, unspecified, and lumbago. Treatment to date has included epidural steroid injection (ESI), lumbar surgeries, and medications. Currently, the injured worker complains of ongoing pain in the neck, left shoulder, low back and left lower extremity, with painful muscles spasm. The Primary Treating Physician's report dated January 12, 2015, noted that the injured worker had received authorization for behavioral pain management consultation and treatment. The injured worker reported worsening difficulty with anxiety and depression related to her ongoing pain, disability, and uncertainty about her future. Physical examination was noted to show tenderness of the paraspinal region on the left. On February 4, 2015, Utilization Review non-certified a consultation with a psychologist (behavioral pain management evaluation/assist with psychological co-morbidities), follow-up evaluation with pain management specialist, and retrospective review for (DOS 01/12/15) follow-up evaluation with a pain management specialist, noting the injured worker had previously been certified for a behavioral pain management consultation and treatment, and that the medical necessity of the requested follow up evaluations had not been established. The MTUS Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines (ODG) were cited. On February 10, 2015, the injured worker submitted an application for IMR for review of a consultation with a psychologist (behavioral pain management evaluation/assist with psychological co-morbidities), follow-up

evaluation with pain management specialist , and retrospective review for (DOS 01/12/15) follow-up evaluation with a pain management specialist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with a psychologist (behavioral pain management evaluation/assist with psychological co-morbidities): Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Specialty referrals, chapter 7, page 127.

Decision rationale: The patient has ongoing low back pain and left lower extremity numbness/tingling along with weakness and foot drop. The current request is for Consultation with a psychologist (behavioral pain management evaluation/assist with psychological co-morbidities). ACOEM guidelines, chapter 7, page 127 state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. In this case, the attending physician has requested psychological evaluation prior to the trial of a spinal cord stimulator. This type of psychological consultation is standard procedure prior to a spinal cord stimulator placement. The ACOEM guidelines clearly state that a referral to another specialist is appropriate when psychosocial factors are present, or when the plan or course may benefit from additional expertise. As such, recommendation is for authorization.

Follow-up evaluation with pain management specialist: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Low Back Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Specialty referrals, chapter 7, page 127.

Decision rationale: The patient has ongoing low back pain and left lower extremity numbness/tingling along with weakness and foot drop. The current request is for follow-up with pain management specialist. The patient has been referred for possible spinal cord stimulator. The physician is awaiting authorization for consultation with a psychologist prior to moving forward. The patient has asked for another ESI in the interim to help deal with her pain as she

experienced significant relief from her previous ESI for a period of 6-8 months. ACOEM guidelines, chapter 7, page 127 state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. In this case, there is sufficient documentation of fairly significant improvement with regard to pain and improved function from the last ESI, and certainly more pain relief than the patient receives from oral medication. The current request is medically necessary and the recommendation is for authorization.

(Retro) DOS 01/12/15 Follow-up evaluation with a pain management specialist: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Low Back Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Specialty referrals, chapter 7, page 127.

Decision rationale: The patient has ongoing low back pain and left lower extremity numbness/tingling along with weakness and foot drop. The current request is for (retro) DOS 1/12/13 follow-up with pain management specialist. The patient is status-post, failed lumbar laminectomy. The patient has been referred for possible spinal cord stimulator. The physician is awaiting authorization for consultation with a psychologist prior to moving forward. The patient has asked for another ESI in the interim to help deal with her pain as she experienced significant relief from her previous ESI for a period of 6-8 months. ACOEM guidelines, chapter 7, page 127 state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. In this case, there is sufficient documentation of fairly significant improvement with regard to pain and improved function from the last ESI, and certainly more pain relief than the patient receives from oral medication. The current request is medically necessary and the recommendation is for authorization.