

<b>Case Number:</b>	CM15-0025475		
<b>Date Assigned:</b>	02/18/2015	<b>Date of Injury:</b>	05/16/2003
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	01/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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

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 57-year-old male, who sustained a work related injury on 5/16/03. The diagnoses have included lumbosacral disc degeneration, myofascial pain syndrome, long-term use of medications and severe depression. Treatments to date have included MRI lumbar spine, oral medications, physical therapy, chiropractic treatments, and epidural injections x 4. In the PR-2 dated 1/7/15, the injured worker complains of chronic low back pain and pain that goes down right leg. He complains of upper and low back pain with feet pain. He rates the pain a 5/10. He is not sleeping well. On 1/16/15, Utilization Review non-certified a request for pain management counseling 1x/week for 5 weeks. The California MTUS, Chronic Pain Treatment Guidelines, were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain management counseling once weekly, low back, QTY: 5:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, psychological intervention Page(s): 90.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7 page 127.

**Decision rationale:** This patient presents with chronic low back pain and symptoms of depression and anxiety. The current request is for PAIN MANAGEMENT COUNSELING ONCE WEEKLY, LOW BACK QTY: 5. The Utilization review denied the request stating that "psychological evaluation with treatment plan and recommendations from the psychologist, which would be required for treatment condition. Therefore, the requested pain management counseling is not medically necessary." The American College of Occupational and Environmental Medicine, ACOEM, Second Edition 2004 Chapter 7, page 127 states that "the occupational health practitioner may refer to other specialist 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." This patient is currently utilizing Ambien, Norco, Aspirin, Coreg, Lisinopril, Plavix, Atorvastatin and Metformin with continued complaints of pain. The patient also suffers from depression, anxiety and sleep disturbances. A consultation with a pain management counseling for further evaluation and treatment is supported by ACOEM guidelines. This request IS medically necessary.