

Case Number:	CM15-0027802		
Date Assigned:	02/20/2015	Date of Injury:	10/05/2011
Decision Date:	04/06/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/13/2015

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 53 year old female, who sustained an industrial injury on 10/5/2011. She reported injury to the right ring finger after it was jammed in a sliding glass door. Diagnoses include right 4th digit fracture. Treatments to date include surgery, physical therapy and medication management. A progress note from the treating provider dated 12/20/2014 indicates the injured worker reported insomnia, lumbar spine pain and right hand pain. On 2/5/2015, Utilization Review non-certified the request for Bio-behavioral pain management, citing MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bio behavioral pain management: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatments Page(s): 101-102.

Decision rationale: Based on the review of the medical records, the injured worker continues to experience chronic pain since her injury in 2011. It is briefly noted within some of the records

that the injured worker also experiences some symptoms of anxiety and depression secondary to her chronic pain. Although bio behavioral pain management services were recommended by the treating physician, there has been no psychological evaluation conducted that would offer more specific diagnostic information and appropriate treatment recommendations. Without a thorough psychological evaluation, the need for bio behavioral pain management services cannot be fully determined. As a result, the request for bio behavioral pain management is not medically necessary.