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| Case Number: | CM15-0225883 | | |
| Date Assigned: | 11/24/2015 | Date of Injury: | 02/21/2011 |
| Decision Date: | 12/31/2015 | UR Denial Date: | 11/11/2015 |
| Priority: | Standard | Application Received: | 11/17/2015 |

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 was a 41-year-old male, who sustained an industrial injury on February 21, 2011. The injured worker was undergoing treatment for chronic pain, lumbosacral strain and or sprain, thoracic sprain and or strain, cervicgia, muscle spasms of the back, lumbar disc displacement and degenerative thoracic and lumbar disc disease and degenerative joint disease. According to progress note of November 3, 2015, the injured worker's chief complaint was ongoing neck, right shoulder, left knee, mid and lower back pain. The pain was rated 6 out of 10, low back pain across the low back towards the bilateral buttocks with radiation to the left leg and tingling in the large toes and 2nd toe and foot. The symptoms worsened with bending and twisting, extension of the back. The injured worker reported weakness of the left leg. According to the review of symptoms the injured worker did not report any new profound weakness and instability. The injured worker was generally experiencing frustrated mood due to persistent pain. The physical exam noted paravertebral muscles and tenderness was noted on both sides of the thoracic spine. The lumbar spine noted loss of normal lordosis with straightening of the lumbar spine. There was restricted range of motion in all planes of the lumbar spine. The injured worker was able to heel, but unable to toe walk. The straight leg raises were positive bilaterally. The ankle jerk was 2 out of 4 on both sides. The patellar jerk was 2 out of 4 on both sides. The left knee noted medial malalignment. Restricted range of motion with flexion and limited to 80 degrees and extension limited to 5 degrees due to pain. The injured worker previously received the following treatments 6 session physical therapy with temporary relief, chiropractic services, massage, cortisone injections with temporary relief, lumbar spine MRI which showed severe

lateral stenosis on the left at L4-L5 and moderate bilateral neural foraminal stenosis at L2-L3, Norco, Percocet and Tizanidine. The UR (utilization review board) denied certification on November 11, 2015; for 3 psychological testing, between November 9, 2015 and December 24, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychological testing x3: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological evaluations.

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

Decision rationale: The California chronic pain medical treatment guidelines section on psychological treatment states: Recommended for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective. Psychological treatment incorporated into pain treatment has been found to have a positive short-term effect on pain interference and long-term effect on return to work. The following stepped-care approach to pain management that involves psychological intervention has been suggested: Step 1: Identify and address specific concerns about pain and enhance interventions that emphasize self-management. The role of the psychologist at this point includes education and training of pain care providers in how to screen for patients that may need early psychological intervention. Step 2: Identify patients who continue to experience pain and disability after the usual time of recovery. At this point a consultation with a psychologist allows for screening, assessment of goals, and further treatment options, including brief individual or group therapy. Step 3: Pain is sustained in spite of continued therapy (including the above psychological care). Intensive care may be required from mental health professions allowing for a multidisciplinary treatment approach. See also Multi-disciplinary pain programs. See also ODG Cognitive Behavioral Therapy. (CBT) Guidelines. (Otis, 2006) (Townsend, 2006) (Kerns, 2005) (Flor, 1992) (Morley, 1999) (Ostelo, 2005) Psychological treatment in particular cognitive behavioral therapy has been found to be particularly effective in the treatment of chronic pain. As this patient has continued ongoing pain with failure to respond to other treatment modalities, this service is indicated per the California MTUS and thus is medically necessary.