

Case Number:	CM15-0033635		
Date Assigned:	02/27/2015	Date of Injury:	04/23/2012
Decision Date:	04/07/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/23/2015

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 64-year-old female who reported an injury on 04/23/2012. The mechanism of injury involved a fall. The current diagnoses include displacement of lumbar intervertebral disc without myelopathy, degeneration of lumbar intervertebral disc, and psychophysiological disorder. The injured worker presented on 01/09/2015 with complaints of persistent low back pain with radiation into the groin and left gluteal area. The injured worker was utilizing Percocet and Valium during flareups. Additionally, the injured worker was utilizing naproxen on an occasional basis. The injured worker was status post lumbar laminectomy in 2009. It was also noted that the injured worker was status post pneumatocele and excision of adenocarcinoma of the lung. The current medication regimen also includes baclofen 10 mg, Flector 1.3% patch, lansoprazole 15 mg, and Prilosec 20 mg. Upon examination, there was an antalgic gait, an anxious mood, tenderness over the midline of the lumbar spine, and negative straight leg raise. Recommendations included 4 psychological sessions and continuation of the current medication regimen. A urine toxicology report was also requested. There was no Request for Authorization Form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain psychology visits once a week for six weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

Decision rationale: California MTUS Guidelines recommend cognitive behavioral therapy. Treatment is recommended as an initial trial of 3 to 4 psychotherapy visits over 2 weeks. The current request for 6 sessions of psychology visits exceeds guideline recommendations. Additionally, there was no evidence of an improvement in symptoms with previous psychology treatment. Further psychological treatment would not be supported at this time. Given the above, the request is not medically appropriate.