

Case Number:	CM15-0082096		
Date Assigned:	05/04/2015	Date of Injury:	04/05/2005
Decision Date:	06/10/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	04/29/2015

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, Pain Management, Occupational Medicine

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 54 year old female, who sustained an industrial injury on 4/5/05. The injured worker has complaints of low back pain. The documentation noted that the injured worker has developed sleep and mood problems associated with her chronic pain. The diagnoses have included pain in joint; lumbar facet joint syndrome; lumbago and disorders of sacrum. Treatment to date has included medial branch blocks; left sacroiliac joint injection without any improvement in symptoms; bilateral S1 (sacroiliac) joint X-rays done on 6/9/14 showed normal S1 (sacroiliac) joints without arthropathy or sclerosis; home exercise program; celebrex; lidocaine; tramadol and psychology therapy. The request was for pain psychology one times six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain psychology 1x6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines Chapter 7: Independent Medical Examinations and Consultations, pages 127.

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

Decision rationale: MTUS 2009 states that a trial of up to 4 sessions of behavioral therapy is appropriate if physical medicine is not successful. According to the progress notes, the current spinal intervention and medication regimen is successful and further interventions have been requested to address the pain. The patient reportedly has mood disorder and sleep issues due to the chronic pain. However, there is no specific information describing the mood issue or sleep issue to determine whether simple strategies may be effective. Physical medicine strategies to treat the pain are still considered and therefore physical medicine treatment has not been exhausted. The medication regimen is reportedly successful which does not align with the reported mood and sleep difficulties due to the pain. This request for pain psychology does not adhere to MTUS 2009 and is not medically necessary.