

<b>Case Number:</b>	CM14-0120918		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	01/30/2014
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	07/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2014

### 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. The expert reviewer is Board Certified in Child & Adolescent Psychiatry, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 58 year old male who was injured at work on 1/30/14. He works as a shuttle driver and was getting into his vehicle and noticed that his lower back was hurting. He reported continuing back pain when getting out of the vehicle and felt pain worse with movement. He was diagnosed with Low Back Strain. He was prescribed Flexeril and Ibuprofen, as well as physical therapy and a home exercise program. The 4/8/14 progress evaluation documented that the injured worker continues to experience low back pain with radiation into both lower extremities. It was reported that he is beginning to experience anxiety and depression, which are worsening. Social withdrawal is also noted. A request was made for a behavioral pain management evaluation report plus 5 additional visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Behavioral Pain Management Evaluation Report Plus 5 Additional Visits:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 30, 100.

**Decision rationale:** MTUS guidelines indicate that chronic pain programs are recommended where there is access to programs with proven successful outcomes for individuals with conditions that put them at risk of delayed recovery. The types of treatment recommended include integration of physical treatment, medical care and supervision, psychological and behavioral care, psychosocial care, vocational rehabilitation and training, and education. Psychological evaluations are recommended as useful in distinguishing between conditions that are preexisting, aggravated by the current injury or work related. The evaluation should provide treating physicians with a better understanding of the injured worker in their social environment and allow more effective rehabilitation. The injured worker has not been diagnosed with a chronic pain condition at this point in time as his injury occurred earlier this year. He is diagnosed with low back strain. He is not diagnosed with a mental health disorder. There is no clinical evidence of any preexisting back problem, and no reported uncertainty about the work related injury. He is not prescribed any narcotic analgesic medications. There is therefore no compelling rationale for a referral for a behavioral pain management evaluation at this time, so that the request is not medically necessary.