

Case Number:	CM14-0161509		
Date Assigned:	10/06/2014	Date of Injury:	10/19/2011
Decision Date:	10/30/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/01/2014

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 Psychology; 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:

According to the records provided for this independent review this patient is a 54 year old male who reported an industrial occupational injury that occurred on October 19, 2011. The mechanism of injury was not provided. According to a primary treatment physician progress notes he reports low back pain radiating down the right leg as well as right shoulder and right hip pain. Ultram has helped decrease pain and allow them to complete activities of independent living around the house and there is also benefit by Naproxen. He has the following partial list of medical diagnoses: Rotator Cuff dis NEC (other specified disorders of bursae and tendons in shoulder region); Radiculopathy; Hip Bursitis; Lumbar Facet Syndrome. Lumbar spine disc protrusion right foraminal stenosis. He is using a cane for ambulation. A request was made for one referral to pain management psychologist. The request was made for consultation to identify if there are any psychological/behavioral factors that may be contributing to chronic pain and delayed recovery. The primary treating physician states that the patient's chronic pain and delayed recovery meet MTUS and ACOEM criteria for referral for pain management psychologist consultation because his pain is attributable to a physical cause, and previous methods of treating chronic pain have been unsuccessful, and a multidisciplinary approach would likely be beneficial, and the patient has significant loss of ability to function independently from the chronic pain. "For now I am only requesting a consultation, any further treatment request or pending review of his report." Patient has already had physical therapy, medications, and lumbar epidural steroid injections with improvement but still continued pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

One referral to a pain management psychologist: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cognitive Behavioral Therapy (CBT)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Part Two, Behavioral Interventions, Psychological Evaluations, Psychological Treatment.

Decision rationale: The MTUS guidelines state that psychological evaluations are generally accepted, well-established diagnostic procedures not only with selective use in pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are pre-existing, aggravated by the current injury or work-related. Psychosocial evaluation should determine if further psychosocial interventions are indicated. The interpretations of the evaluation should provide clinicians with a better understanding of the patient and their social environment thus allowing for more effective rehabilitation. Psychological interventions for chronic pain include setting goals, determining appropriateness of treatment, conceptualizing the patient's pain beliefs and coping styles, assessing psychological and cognitive functioning, and addressing comorbid mood disorders such as depression, anxiety, panic disorder, and posttraumatic stress disorder. Step one identifies and addresses specific concerns about pain and enhances interventions that emphasize self-management. The role of the psychologist at this point includes education and training of pain care providers and how to screen for patients that may need early psychological intervention. Step two is to identify patients who continue to experience pain and disability after the usual time of recovery. At this point a consultation with the psychologist allows for screening, assessment of goals, and further treatment options, including brief individual or group therapy. There is an inconsistency in this request for an IMR between the utilization review rationale narrative and final decision. The utilization review rationale narrative clearly approves the request. After listing the MTUS criteria, it states: "in regard to this patient, he does appear to be a candidate for referral to pain management psychology. Although documentation did not reveal subjective complaints of depression or anxiety, the patient continued with pain and disability after the usual time of recovery. The patient continued with pain rated 8/10 despite physical therapy, medications, and lumbar epidural steroid injections... The prospective request for referral to pain management psychologist is certified for evaluation only." But then the UR decision was marked with a stamp "non-certified." The conclusion of this IMR is that although the patient does not present with specific psychological symptomology such as depression, adjustment disorder, or anxiety, has delayed recovery and his medical treatment appears to have reached a plateau. Psychological treatment for chronic pain can address the pain issues themselves and a psychological approach to the pain can sometimes help the patient cope better and "can have a positive short-term effect on pain interference and long-term effect on return to work." The patient has not had any psychological interventions to date and the request for one (1) consultation/evaluation appears to be a reasonable and medically appropriate intervention at this time. In addition, it appears that the utilization review is consistent and in agreement with this but somehow it was marked not approved despite the fact that the narrative makes no mention of any reason why not to approve it and in fact supports the request.