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| Case Number: | CM15-0019388 | | |
| Date Assigned: | 02/09/2015 | Date of Injury: | 06/04/1993 |
| Decision Date: | 03/26/2015 | UR Denial Date: | 01/14/2015 |
| Priority: | Standard | Application Received: | 02/03/2015 |

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: Psychologist

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 sustained an industrial injury on 6/4/93. She has reported low back injury while working as a technician. The diagnoses have included bilateral sacroiliac joint dysfunction, status post fusion times 6 surgeries, and flat back syndrome/lumbar kyphosis. Treatment to date has included medications, diagnostics, epidural steroid injections, sacroiliac joint injections, surgery, and conservative treatment. Surgery included lumbar surgery times 6. Currently, the injured worker complains of ongoing pain in the low back and bilateral extremities. The pain is rated 8/10 but reduced to 0-3/10 with current medications. Magnetic Resonance Imaging (MRI) of lumbar spine dated 10/7/10 revealed evidence of laminectomy, disc bulge, bilateral facet arthrosis, interbody fusion, stenosis and possible annular fissure tear. The X-rays of the lumbar spine dated 1/12/13 revealed severe disc collapse with significant sclerosis at endplates and osteophytes. According to the utilization review there was a progress note dated 12/23/14 which was not included in the records. As cited by the utilization review the injured worker has chronic back pain described as aching and constant with associated symptoms of weakness and parasthesias. Physical exam revealed tight paravertebral muscles and bilateral sacroiliac joint tenderness right greater than left. There was positive Faber, compression, thigh thrust, distraction and Gaenslen's test. Psychiatric evaluation revealed that the injured worker was crying with frustration over medications and pain. She wants to stop but fears pain. The provider recommended PEP restorative program. On 1/14/15 Utilization Review modified a request for PEP group therapy, 12 sessions, and behavioral therapy intervention, 48 sessions modified to PEP group therapy evaluation only, noting that it is unclear which type of program

would best suit the injured workers needs, the evaluation only is recommended to determine if the injured worker is a good candidate for functional restoration. The (MTUS) Medical Treatment Utilization Schedule guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

PEP group therapy, 12 sessions, and behavioral therapy intervention, 48 sessions: Upheld

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

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

Decision rationale: Based on the review of the minimal medical records submitted, the injured worker continues to experience chronic pain. Unfortunately, there was no information within the submitted records documenting the need for any psychological services. There were no psychiatric symptoms noted nor any documentation of delayed recovery due to psychological symptoms. Additionally, there was no psychological evaluation offering diagnostic information and appropriate treatment recommendations. Without sufficient information to substantiate the request, the request is not medically necessary.