

Case Number:	CM15-0114402		
Date Assigned:	06/22/2015	Date of Injury:	12/09/2011
Decision Date:	07/21/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/15/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 65-year-old male, with a reported date of injury of 12/09/2011. The diagnoses include lumbar herniated disc and right leg radiculopathy, depression, anxiety, and difficulty sleeping. Treatments to date have included group psychotherapy and oral medications. The progress report dated 01/26/2015 indicates that the injured worker was still having back pain and right leg pain. It was noted that he was dealing with quite a bit of depression, sleeping difficulty, and pain on the right buttock radiating to his leg. The objective findings include positive straight leg raise test, tenderness on the lumbar spine, restricted motion, neurologically intact, and appearance of depression. The treating physician requested pain management evaluation and treatment and psyche evaluation and treatment. The rationale for the request was not indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Pain Management Evaluation and Treat and Psyche Evaluation and Treat:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 100-101.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 308-311.

Decision rationale: This 65 year old male has complained of low back pain and leg pain since date of injury 12/9/11. He has been treated with physical therapy and medications. The current request is for Outpatient Pain Management Evaluation and Treat and Psyche Evaluation and Treat. Per the MTUS guidelines cited above, pain management consultation is not indicated at this time. There is no inadequate documentation of previous therapies tried and response to those therapies. There is no clear documentation regarding provider rationale for obtaining a pain evaluation or expectations from a pain management consultation. On the basis of the available medical records and per the MTUS guidelines cited above, Outpatient Pain Management Evaluation and Treat and Psyche Evaluation and Treat is not medically necessary.