

Case Number:	CM15-0118173		
Date Assigned:	06/26/2015	Date of Injury:	03/21/2014
Decision Date:	07/28/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/18/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 57 year old female who sustained an industrial injury on 03/21/2014. The injured worker was diagnosed with lumbosacral sprain/strain, degenerative lumbar spondylosis, lumbar facet syndrome, neck sprain/strain and chronic pain syndrome. Treatment to date has included diagnostic testing, conservative measures, physical therapy, chiropractic therapy and medications. According to the treating physician's progress report on May 20, 2015, the injured worker continues to experience chronic low back pain. The medical records note that a behavioral medicine evaluation has not yet been completed. The injured worker has partial pain relief with the current analgesic medications. The latest physical assessment was dated December 18, 2014 which demonstrated tenderness to palpation over the lumbar spine. There was no spasm evident. Range of motion was documented as limited flexion with normal extension, lateral bending, normal gait and normal heel and tip toe gait. A urine drug screening was performed at the office visit on May 20, 2015. Current medications are listed as Tramadol, Flexeril, Ibuprofen and Lidoderm patches. Treatment plan consists of continuing current medication regimen and the current request for annual laboratory blood work to assess liver and kidney function and behavioral medicine evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Annual laboratory to assess liver and kidneys function: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines History and physical assessments Page(s): 5-6.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines, annual laboratories to assess liver and kidney function are not medically necessary. Thorough history taking is always important in the clinical assessment and treatment planning for the patient with chronic pain and includes a review of medical records. Clinical recovery may be dependent on identifying and addressing previously unknown or undocumented medical or psychosocial issues. A thorough physical examination is also important to establish/confirm diagnoses and observe/understand pain behavior. The history and physical examination serves to establish reassurance and patient confidence. Diagnostic studies should be ordered in this context and community is not simply for screening purposes. In this case, the injured worker's working diagnoses are chronic back pain, degenerative lumbar spondylosis; chronic low back pain, myofascial pain syndrome; pain disorder with psychological/general medical condition; insomnia due to chronic pain; chronic neck pain, degenerative cervical spondylosis. The date of injury is March 21, 2014. The request for authorization is May 29, 2015. Progress note dated May 20, 2015 does not contain a specific request with specific laboratory tests to be ordered. Additionally, there is no clinical rationale for the specific laboratory tests (liver function and kidney function). Current medications include tramadol 50 mg, ibuprofen 600 mg, Flexeril 10 mg and Lidoderm patches. The treating provider does not equate any of the current medications with specific liver or renal dysfunction. Consequently, absent clinical documentation with a clinical rationale and specific laboratory testing, annual laboratories to assess liver and kidney function are not medically necessary.

Behavioral Medicine Evaluation: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Psychological evaluation.

Decision rationale: Pursuant to the Official Disability Guidelines (ODG), behavioral medicine evaluation is medically necessary. Psychological evaluations are recommended based upon a clinical impression of a psychological condition that impacts recovery, participation in rehabilitation prior to specific interventions (e.g. lumbar spine fusion, spinal cord stimulator, and implantable drug delivery systems). Psych evaluations of generally accepted, well-established diagnostic procedures not only was selected using pain problems, but also more widespread subacute and chronic pain populations. In this case, the injured worker's working diagnoses are chronic back pain, degenerative lumbar spondylosis; chronic low back pain, myofascial pain

syndrome; pain disorder with psychological/general medical condition; insomnia due to chronic pain; chronic neck pain, degenerative cervical spondylosis. Documentation from a May 20, 2015 progress note states the treating provider discussed (with the injured worker) the association of chronic pain with emotional instability. The discussion that states "the majority of patients in chronic pain have comorbid psychiatric conditions ranging from mild anxiety, adjustment, depression to severe delusional, psychotic." Depression is a psychological issue most frequently associated with chronic pain. The injured worker has significant affective or emotional pain that contributes to the chronic disabling pain syndrome and requires evaluation/treatment. The medical record is not specific in terms of the clinical symptoms associated with emotional instability. However, the injured worker does exhibit at effective symptoms that may contribute to the injured worker's chronic pain syndrome. A behavioral medicine evaluation/consultation would not be unreasonable. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, and behavioral medicine evaluation is medically necessary.