

Case Number:	CM15-0125185		
Date Assigned:	07/09/2015	Date of Injury:	03/05/2001
Decision Date:	08/07/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/29/2015

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: Preventive Medicine, Occupational 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 64 year old male who sustained an industrial injury on March 5, 2001. He has reported pain in the lower back and both knees. Diagnoses include cervical post-laminectomy syndrome (Not work-comp related), chronic low back pain with radiculopathy, pain in the left knee with osteoarthritis and allied disorders. Comorbid conditions include diabetes. X-rays dated February 12, 2015 showed left knee degenerative joint disease, lateral plateau contusion. Treatment has included medications, lumbar epidural steroid injection, medical imaging, surgery (to right knee), and physical therapy. In provider's progress note dated 5/18/2015 the patient complained of continued low back pain with radiation into the legs, neck pain, knee pain and bilateral upper extremity pain. He also complained of intermittent weakness and numbness in upper and lower extremities. Pain level was 8/10. On exam he walked with a limp. Lumbar spine had decreased range of motion and paracentral tenderness to palpation, and there was decreased sensation to light pinprick in S1 dermatome bilaterally. Motor and reflex exam of the lower extremities was normal. The treatment request included BBHI-2.

IMR ISSUES, DECISIONS AND RATIONALES

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

BBHI-2 -Brief Battery for Health Improvement 2: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 3; 25; 84-6, 89-90, Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100-1. Decision based on Non-MTUS Citation Bruns D, Disorbio JM. The Psychological Evaluation of Patients with Chronic Pain: a Review of BHI 2 Clinical and Forensic Interpretive Considerations. Psychological Injury and Law, 2014; 7(4): 335-361.

Decision rationale: The Brief Battery for Health Improvement 2 (BBHI-2 [TM]) is an assessment of the validity of a patient's physical and psychological symptoms and was specifically developed to assess patients who are being treated for pain and injury. It takes about 7-10 minutes to complete. It was developed using a census matched community sample with a physical rehabilitation/pain patient sample. The validity of many of the BBHI-2 scales have been supported by multiple research studies, however, others have more limited research support and there has been no studies regarding the long-term reliability of its scales. Its primary focus and thus its overall strength is its ability to assess pain, reactions to injury, dysfunctional pain cognitions and pain-related psychopathology. The MTUS does not comment on the specific use of the BBHI-2 but overall the MTUS recommends psychological evaluations be used in chronic pain populations as they can help distinguish between pre-existing conditions and conditions aggravated or caused by work-related injuries. Understanding a patient's pain and subsequently effectively treating it requires an understanding of the patient's bio-psychosocial environment. This test appears to do this. It uses validated scales for assessment. It makes common sense to use it as an option for assessing patients with complex pain symptoms. This patient has complex pain symptoms. Medical necessity for use of this test has been established. The request is medically necessary.