

Case Number:	CM15-0022358		
Date Assigned:	02/11/2015	Date of Injury:	05/12/2011
Decision Date:	04/01/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/06/2015

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 54 year old male who sustained an industrial injury on March 12, 2011. He has reported lower back pain and has been diagnosed with L4-L5, L5-S1 disc degeneration, status post L5-S1 disc arthroplasty, and postoperative pain management. Treatment has included surgery, medication, and aqua therapy. Currently the injured worker had flexion at about 35 degrees. Lumbar extension was about 15 degrees. There was moderate restriction and lumbar spasm noted on lumbar flexion. The treatment plan included a pain psychologist for pain management. On January 28, 2015 Utilization Review non certified pain psychologist for pain management assistance x 8 visits citing the MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain psychologist for pain management assistance x 8 visits: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition, Chapter 7 Independent Medical Examinations and Consultations, Page 127 Official Disability Guidelines ([http://www.odg-twc.com;Section:Pain \(Chronic\)](http://www.odg-twc.com;Section:Pain (Chronic))).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment; Behavioral Interventions Page(s): 101-102; 23.

Decision rationale: Based on the review of the limited medical records submitted, the injured worker continues to experience chronic lower back pain. In his January 2015 report, [REDACTED] recommended that the injured worker receive services from pain psychologist, [REDACTED]. The request under review is based on this recommendation. Despite the recommendation, there was no documentation of any psychological symptoms nor indications that psychological factors are interfering with the injured worker's recovery. Additionally, there has been no psychological evaluation completed to offer more specific diagnostic information and appropriate treatment recommendations. Without an evaluation, the need for any follow-up services cannot be determined. As a result of insufficient information and the lack of an evaluation, the request for 8 pain psychology sessions is not medically necessary.