

Case Number:	CM15-0068913		
Date Assigned:	04/16/2015	Date of Injury:	03/04/2011
Decision Date:	05/15/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/10/2015

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: Emergency 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:

This 69 year old woman sustained an industrial injury on 3/4/2011 after falling out of a chair. Evaluations include lumbar spine x-rays dated 11/17/2014 and left hip x-rays dated 6/1/2012 and 8/15/2011. Diagnoses include knee pain, hip pain, low back pain, sacroiliac pain, lumbar spine degenerative disc disease, and lumbar spine radiculopathy. Treatment has included oral medications, physical therapy, home exercise program, pain coping skills group, and surgical intervention. Physician notes dated 3/25/2015 show complaints of low back pain with radiation to the bilateral lower extremities and bilateral knee pain rated 5/10. Recommendations include lumbar transforaminal epidural steroid injection, continue H-wave, lumbar brace, right knee support, lumbar spine trigger point injections, aquatic therapy, Gabapentin, Celebrex, Lidoderm, Cymbalta, Silenor, and pain management psychologist consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 referral to a pain management psychologist for evaluation for cognitive behavioral therapy and pain coping skills training: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Cognitive Behavioral Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment, Page 101 Page(s): 101.

Decision rationale: The requested 1 referral to a pain management psychologist for evaluation for cognitive behavioral therapy and pain coping skills training, is not medically necessary. Per CA MTUS Chronic Pain Treatment Guidelines, Page 101, Psychological Treatment, is recommended for specifically identified patients with chronic pain and continued treatment with documented functional benefit. The injured worker has low back pain with radiation to the bilateral lower extremities and bilateral knee pain rated 5/10. The treating physician has not documented objective evidence of functional improvement from previous similar treatments. The criteria noted above not having been met, 1 referral to a pain management psychologist for evaluation for cognitive behavioral therapy and pain coping skills training is not medically necessary.