MAXIMUS Federal Services

Case Number:	CM13-0014637		
Date Assigned:	10/04/2013	Date of Injury:	11/09/1995
Decision Date:	03/10/2014	UR Denial Date:	07/22/2013
Priority:	Standard	Application Received:	08/21/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Maryland. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 55-year-old male who was injured on November 09, 1995. On February 22, 2012, the patient had complaints of left greater than right neck pain with bilateral shoulder girdle pain. The patient has a history of three (3) cervical surgeries, with fusion at C3-C7. These included a 1999 anterior cervical discectomy fusion (ACDF) and a fusion in 2003, 2005. The patient also has a history of pain in the lumbar spine and was on opiates for chronic pain. According to a July 20, 2013 office visit the patient had completely stopped Methadone and does not use Clonidine for withdrawal anymore, and only uses Motrin for pain. He would like to continue pain counseling sessions. He states that they were stopped due to insurance. Since stopping these sessions, he feels more depressed. Current medication regimen includes ibuprofen, Benadryl, Unisom, cyclobenzaprine, gabapentin, and melatonin. Physical exam reveals lumbar range of motion (ROM) is limited, sensation is decreased to light touch on the right and motor strength of 5/5 for the bilateral lower extremities. The request for pain counseling was denied on prior UR and addressed again in this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Counseling Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions,Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation ODG Cognitive Behavioral Therapy (CBT)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, psychological intervention Page(s): 90. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Psychological Treatment.

Decision rationale: According to submitted documentation, the patient has had Cognitive Behavioral Therapy (CBT) and group therapy in the past. The documents indicate, from this therapy and patient's sleep study physician, that a psychiatric consultation would be beneficial to the patient. The California MTUS guidelines "Encourage development of strategies for self-regulation of medication misuse. This may also include incorporation of a support group such as friends, family, an identified group (such as a 12-step group or group counseling), and/or individual counseling." Additionally the ODG psychological intervention for pain management states, "a consultation with a psychologist allows for screening, assessment of goals, and further treatment options, including brief individual or group therapy." From documentation submitted the patient already had UR certification for future psychology and psychiatry consultations. Prior group pain counseling sessions did not appear effective due to possible psychiatric intervention and medication potentially needed first. Furthermore, the request did not specify a quantity or duration of pain counseling sessions, not meeting recommended guidelines. Therefore, the request is not certified.