

Case Number:	CM13-0020269		
Date Assigned:	10/11/2013	Date of Injury:	09/03/2010
Decision Date:	01/15/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/05/2013

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 Illinois. 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 44-year-old male with a reported date of injury of 09/03/2010; the mechanism of injury was a fall. The patient was previously treated with physical therapy, chiropractic care and TENS. The patient had a Fear-Avoidance Beliefs Questionnaire score of 40, indicating a high fear of being reinjured with work activities. The patient's somatic complaints were noted to be extremely high, as well as pain complaints; and the patient had extremely high levels of depression and anxiety. The patient had diagnoses including chronic pain syndrome, status post head contusion with postconcussive headaches, cervical sprain/strain, cervical multilevel degenerative disc disease and thoracic sprain/strain. The provider's treatment plan included a request for a multidisciplinary pain rehabilitation program and cognitive behavioral therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Enrollment in a multidisciplinary pain rehabilitation program for twenty (20) days:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs Section Page(s): 30-32.

Decision rationale: The California MTUS Guidelines note that prior to entry into chronic pain management, an adequate and thorough evaluation should be made, including baseline functional testing so follow-up with the same test can note functional improvement. The guidelines note that criteria include: previous methods of treating chronic pain have been unsuccessful, and there is an absence of other options likely to result in significant clinical improvement; the patient has a significant loss of ability to function independently resulting from the chronic pain; the patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); the patient exhibits motivation to change and is willing to forego secondary gains, including disability payments, to effect this change; and negative predictors of success above have been addressed. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The submitted request is for a multidisciplinary pain rehabilitation program for 20 days; the guidelines recommend 2 weeks of treatment followed by an evaluation in order to demonstrate the efficacy of the pain rehabilitation program. Therefore, the request for a multidisciplinary pain rehabilitation program for 20 days is neither medically necessary nor appropriate.

Four (4) cognitive behavioral therapy sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

Decision rationale: The California MTUS Guidelines note that providers should screen for patients with risk factors for delayed recovery, including fear avoidance beliefs. The guidelines noted the initial therapy for these "at risk" patients should be physical medicine for exercise instruction using a cognitive motivational approach to physical medicine. Consideration should be made for a separate psychotherapy cognitive referral after 4 weeks if there is a lack of progress from physical medicine alone. The guidelines recommend an initial trial of 3 to 4 psychotherapy visits over 2 weeks; and with evidence of objective functional improvement, a total of up to 6 to 10 sessions over 5 to 6 weeks. The patient attended 4 sessions of cognitive behavioral therapy prior. It was noted that the patient's somatic complaints, pain complaints and functional complaints remained the same. The patient had decreased depression and anxiety. However, within the provided documentation, a complete assessment of the patient's condition was not included detailing cognitive assessment scores in order to demonstrate the efficacy of prior cognitive behavioral therapy. Therefore, the request for 4 sessions of cognitive behavioral therapy is neither medically necessary nor appropriate.