

Case Number:	CM13-0022592		
Date Assigned:	12/27/2013	Date of Injury:	09/11/2007
Decision Date:	04/10/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/10/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, and is licensed to practice in California. 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/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:

This is a female patient with the date of injury of September 11, 2007. A utilization review determination dated September 9, 2013 recommends non-certification of CBT x 4 and modification of formal multidisciplinary pain management evaluation with enrollment for 20 full day sessions. The previous reviewing physician recommended non-certification of CBT x 4 due to lack of documentation of specific objective evidence of functional improvement with previous CBT and modification of formal multidisciplinary pain management evaluation with enrollment for 20 full day sessions due to MTUS support for an initial trial. A Progress Report dated August 6, 2013 identifies diagnoses of chronic pain syndrome. History identifies CBT session 4 of 4. She comments that she has been more active than in a long time. Findings identify decreased pain complaints and decreased functional complaints. Since the last exam, the patient's condition has improved, but slower than expected. A Reevaluation dated August 7, 2013 identifies complaints of low back pain and pain that radiates down both of her buttocks into her posterior thighs, right greater than left. Examination identifies diffuse tenderness and two very specific muscle spasms in the lower lumbar musculature bilaterally. Discrete focal tenderness located in a palpable taut band of skeletal muscle, which produced a local twitch in response to pressure against the band. The patient has developed a myofascial pain syndrome. The patient will continue pain management.

IMR ISSUES, DECISIONS AND RATIONALES

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

COGNITIVE BEHAVIORAL THERAPY (CBT) - FOUR (4) SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG COGNITIVE BHEAVORAL THERAPY (CBT) GUIDELINES FOR CHRONIC PAIN, PSYCHOLOGICAL TREATMENT, PAGE 101

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100-102. Decision based on Non-MTUS Citation Official Disability Guidelines, Chronic Pain, Behavioral Interventions

Decision rationale: Regarding the request for cognitive behavioral therapy (CBT) - four (4) sessions, Chronic Pain Medical Treatment Guidelines state that psychological evaluations are recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected using pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are pre-existing, aggravated by the current injury, or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. ODG states the behavioral interventions are recommended. Guidelines go on to state that an initial trial of 3 to 4 psychotherapy visits over 2 weeks may be indicated. With evidence of objective functional improvement, a total of up to 6 to 10 visits over 5 to 6 weeks may be required. Within the medical information made available for review, there is documentation that the patient comments that she has been more active than in a long time, decreased pain complaints and decreased functional complaints, and the patient's condition has improved, but slower than expected. However, there is no clear documentation of objective functional improvement with previous cognitive behavioral therapy. In the absence of such documentation, the currently requested cognitive behavioral therapy (CBT) - four (4) sessions is not medically necessary.

FORMAL MULTIDISCIPLINARY PAIN MANAGEMENT EVALUATION WITH ENROLLMENT FOR TWENTY (20) FULL DAY SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR THE GENERAL USE OF MULTIDISCIPLINARY PAIN MANAGEMENT.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-34, 49.

Decision rationale: Regarding the request for formal multidisciplinary pain management evaluation with enrollment for twenty (20) full day sessions, California MTUS supports chronic pain programs/functional restoration programs when: 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; The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & Negative predictors of success above have been addressed. Within the documentation available for review, the patient is noted to be undergoing cognitive behavioral therapy. There is no documentation that 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 is not a candidate where surgery or other treatments would clearly be warranted, the patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change, and negative predictors of success have been addressed. In the absence of such documentation, the currently requested formal multidisciplinary pain management evaluation with enrollment for twenty (20) full day sessions is not medically necessary.