

Case Number:	CM13-0031716		
Date Assigned:	12/04/2013	Date of Injury:	12/08/2005
Decision Date:	01/16/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	10/04/2013

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 Pain Management has a subspecialty in Disability Evaluation 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 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:

A 52 year old male reports having been injured on 12/8/2005 when a wooden door hit him on top of the head and shoulder. Since this injury, there has been a history of low back and cervical pain complaints. Treatment has included conservative care and lumbar and cervical fusions. ■■■■■ current diagnoses, 8/29/13, are cervical post-laminectomy syndrome, lumbar post-laminectomy, lumbar radiculitis, and chronic pain syndrome. A course of psychotherapy was provided in 2008. Current medications are Lyrica, Buspar, Gabitril, Lunesta, Opana IR and ER, Carvedilol, Diltiazem, Fosnopril, HCTZ, Pravastatin, and Prilosec. At issue is whether 12 weeks of pain management counseling is necessary (one time a week for 12 weeks).

IMR ISSUES, DECISIONS AND RATIONALES

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

12 weeks of Pain Management Counseling (One times A Week for 12 Weeks): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Biophysical and Biopsychosocial Model of pain Page(s): 4, 5, 23, 10.

Decision rationale: According to California Chronic Pain Medical Treatment guidelines (MTUS), page 4 and 5, "Linton identified strong evidence that psychosocial variables are

strongly linked to the transition from acute to chronic pain disability and that psychosocial variables generally have more impact than biomedical or biomechanical factors on back pain disability (Linton 2000) Thus, when clinical progress is insufficient, the clinician should always be prepared to address confounding psychosocial variables, in a coordinated, multidisciplinary manner." Since the biopsychosocial model approaches pain and disability as a complex interplay of biological, psychological and social factors. These psychosocial factors can be easily assessed and managed by psychotherapy. The guideline further states that psychotherapy in the context of chronic pain condition is indicated only for treatment of 'appropriately identified patients" (MTUS page 101). Screen for patients with risk factors for delayed recovery, including fear avoidance beliefs. See Fear-avoidance beliefs questionnaire (FABQ). Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone. Therefore, the request for 12 weeks of pain management counseling was not medically necessary in this case.