

Case Number:	CM13-0035885		
Date Assigned:	12/13/2013	Date of Injury:	04/08/1999
Decision Date:	07/24/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/18/2013

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 Family Medicine and is licensed to practice in New Jersey. 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:

The worker is a 54 year old male who was injured on 4/8/1999. He was diagnosed with lumbar facet syndrome, chronic low back pain, lumbar osteoarthritis, lumbosacral radiculitis, hip pain, and later postlaminectomy syndrome. He was treated with oral medications, surgeries, electrostimulation devices, exercise, and lumbar facet nerve block injections, all with continued low back pain. He was seen on 7/3/13 by his pain specialist complaining of continued low back pain at a level of 6-7/10 on the pain scale. His pain specialist requested he receive facet nerve blocks as they had helped significantly in the past. He also recommended he have 6 psychology treatments to "teach him mental techniques to deal with his chronic pain problem."

IMR ISSUES, DECISIONS AND RATIONALES

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

6 PSYCHOTHERAPY TREATMENTS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101-102.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions p. 23, Psychological evaluations pp. 100-102 Page(s): 23, 100-102.

Decision rationale: The MTUS Chronic Pain Guidelines recommend behavioral interventions such as cognitive behavioral therapy (CBT) for those with chronic pain as it reinforces coping

skills and reduces physical dependence on medication and physical therapy. Initially, this therapy should be in the form of physical medicine for exercise instruction using a cognitive motivational approach, but psychotherapy CBT referral after 4 weeks with lack of progress from medication and physical medicine alone is recommended (initial trial of 3-4 psychotherapy visits over 2 weeks with a total of up to 6-10 visits over 5-6 weeks with evidence of functional improvement). The MTUS Chronic Pain Guidelines also states that psychological evaluations are recommended for widespread use in chronic pain populations, but should determine if further psychosocial interventions are indicated. If psychological treatment is appropriate, based on the evaluation, psychological interventions such as behavioral therapy and self-regulatory treatments may be helpful. The MTUS Chronic Pain Guidelines also suggests that the primary treating physician screen for patients that might benefit fro psychological intervention and referral, including those who continue to experience pain and disability after the usual time of recovery and if psychological care with other treatment methods are still not sufficient to reduce pain and increase function, then more intensive care from mental health professionals may be recommended. In the case of this worker, the request was for the treatments rather than an evaluation. It is certainly warranted for this worker to at least have an psychological evaluation. It is not clear from the documents provided for review if the worker had a psychological evaluation to determine if treatments were appropriate. If he has not had this evaluation, then this is required before a request for treatments can be made. If he has already had the evaluation, then providing a copy of the evaluation for review is required. Therefore the psychotherapy (6 treatments) is a premature request and not medically necessary without an evaluation suggesting treatment.