

Case Number:	CM13-0052699		
Date Assigned:	12/30/2013	Date of Injury:	08/21/2011
Decision Date:	04/30/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/04/2013

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 Practice and is licensed to practice in Texas. 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 patient is a 39-year-old female who reported an injury on 08/21/2011. The mechanism of injury was noted to be twisting. She is diagnosed with lumbar radiculopathy, lumbar degenerative disc disease, regional myofascial pain, and sleep and mood disorder secondary to chronic pain. Her symptoms are noted to include chronic low back pain with right lower extremity radiation. Her previous treatments were noted to include work restrictions, chiropractic care, and medication management. She was also noted to have significant functional loss in her ability to complete her activities of daily living secondary to pain. A recommendation was made for six (6) sessions of pain psychology to address the patient's underlying anxiety and address the patient's coping skills.

IMR ISSUES, DECISIONS AND RATIONALES

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

PAIN PSYCHIATRY (6 SESSIONS): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The Chronic Pain Guidelines indicate that cognitive behavioral therapy may be recommended for patients with chronic pain after failure of physical medicine treatment alone. However, the Guidelines specify that an initial trial should include three to four (3 to 4) psychotherapy visits over two (2) weeks. With evidence of objective functional improvement, the Guidelines support a total of up to six to ten (6 to 10) visits over five to six (5 to 6) weeks. The patient was shown to have decreased function secondary to her pain as well as anxiety and ineffective coping skills. Therefore, a trial of cognitive behavioral therapy would be supported. However, the request for six (6) sessions exceeds the Guideline recommendations of a three to four (3 to 4) visit initial trial. For this reason, the request is non-certified.