

Case Number:	CM13-0056553		
Date Assigned:	12/30/2013	Date of Injury:	11/09/1995
Decision Date:	11/26/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	11/22/2013

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 Medicine 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:

The injured worker is a 57 year old male with an original date of injury on 11/9/1995. The patient's industrially related diagnoses include cervical disc disease with radiculitis, lumbar disc disease with radiculitis, degenerative disc disease of cervical and lumbar spine, chronic pain of neck and lumbar region, and depression. The mechanism of injury is not provided in the supporting documentation. The patient underwent herniated disc fusion/plating in 1999 and repeat surgery in 2003 and 2005. The surgeries helped partially with his pain. The patient was able to wean off methadone, and is using Ibuprofen, Cymbalta, Cyclobenzaprine, and Gabapentin for pain control. The patient has undergone counseling sessions, and has had lumbar epidural steroid injection. The steroid injection has resulted in greater than 50% improvement in pain. The patient was receiving counseling sessions, and stopped 3 months prior to utilization review due to insurance stopped paying for his treatment sessions. The disputed issue is 8 additional sessions psychology counseling. A utilization review determination on 11/18/2013 had non-certified this request. The stated rationale for the denial was lack of supporting documentation including official psychological evaluation, progress from prior psychological sessions or from group sessions. Therefore, an additional 8 sessions of psychology counseling was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychology Counseling 8 Sessions: Overturned

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 Psychological Treatment Section Page(s): 102.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state on page 102: "Psychological treatment: Recommended for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective. Psychological treatment incorporated into pain treatment has been found to have a positive short-term effect on pain interference and long-term effect on return to work. The following "stepped-care" approach to pain management that involves psychological intervention has been suggested: Step 1: Identify and address specific concerns about pain and enhance interventions that emphasize self-management. The role of the psychologist at this point includes education and training of pain care providers in how to screen for patients that may need early psychological intervention. Step 2: Identify patients who continue to experience pain and disability after the usual time of recovery. At this point a consultation with a psychologist allows for screening, assessment of goals, and further treatment options, including brief individual or group therapy. Step 3: Pain is sustained in spite of continued therapy (including the above psychological care). Intensive care may be required from mental health professions allowing for a multidisciplinary treatment approach. See also Multi-disciplinary pain programs. See also ODG Cognitive Behavioral Therapy (CBT) Guidelines. (Otis, 2006) (Townsend, 2006) (Kerns, 2005) (Flor, 1992) (Morley, 1999) (Ostelo, 2005)" According to a psychology progress note from October 30, 2013, the patient has been following psychiatrist for individual counseling sessions once a month, and attending group sessions once a week, both of which he finds helpful in coping with his pain. During the same visit, patient described feeling "crappy, useless, not human, life has gone to hell" due to his chronic pain. He denied having suicidal ideation, or homicidal ideation, however, he reported "I wish I were dead". On a pain management progress note from November 11, 2013, it was noted patient stopped going to psychological counseling because insurance denied coverage for this treatment. The patient states he was benefitting from continuing counseling in coping with chronic pain as he weaned off opiate medications. The Chronic Pain Medical Treatment Guidelines recommends intensive care from mental health professionals allowing for multidisciplinary treatment approach when pain is sustained in spite of continued therapy. Therefore, additional psychology sessions are medically necessary at this time.