

Case Number:	CM13-0070678		
Date Assigned:	01/08/2014	Date of Injury:	06/21/2003
Decision Date:	05/22/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	12/24/2013

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 & Rehabilitation 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 male sustained an injury on 6/21/03 while employed by [REDACTED]. Report of 11/27/13 from psychology provider noted the patient reported low back pain, constant and radiating down both legs rated at 5-6/10. The patient is taking Soma, Gabapentin, and Fentanyl and trying to decrease dosing. Currently, the patient describes his mood as depressed with low energy, anhedonia, fluctuating appetite and social withdrawal, leaving his house less and less with poor sleep. Exam noted score of moderate-to-severe depression; mild-to-moderate anxiety and anger with self-report of function as poor, not engaged in hobbies or leisure activities. Oswestry low back questionnaire noted moderate-to-severe pain range. Request for Pain education coping skill groups (Cognitive Behavioral Therapy) was partially-certified from 10 to 4 sessions citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 SESSIONS OF PAIN EDUCATION AND COPING SKILLS GROUP: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 400-401. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy guidelines.

Decision rationale: Per Guidelines, cognitive behavioral therapy treatment is 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 and 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. Submitted reports have not adequately identified how many behavioral therapy treatments the patient has received for this chronic injury of 2003 nor its functional benefit derived from previous treatment in terms of decreasing medication dosing, decreasing medical utilization, improving ADLs, returning to some form of modified work which have not been provided here as the patient exhibits continued significant levels of depression, anxiety, and pain. The request has been partially-certified for 4 sessions, consistent with guidelines criteria for initial trial of 3-4 sessions with further consideration pending objective functional outcome which has not been demonstrated here. The 10 sessions of pain education and coping skills group are not medically necessary and appropriate.