

Case Number:	CM14-0008104		
Date Assigned:	02/12/2014	Date of Injury:	01/10/2012
Decision Date:	06/24/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/21/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain, low back pain, paresthesias, and psychological stress reportedly associated with an industrial injury of January 10, 2012. Thus far, the applicant has been treated with analgesic medications, opioid therapy, unspecified amounts of psychotherapy and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated December 26, 2013, the claims administrator denied a request for a holistic pain management program. The claims administrator's rationale was quite difficult to follow but was apparently predicated on lack of documentation as to whether or not the applicant has completed eight earlier authorized sessions of individual psychotherapy. The applicant's attorney subsequently appealed. In a January 14, 2014 appeal letter, the applicant's psychologist stated that the applicant should obtain eight sessions of psychotherapy. The applicant only has one kidney and is concerned about continued usage of Vicodin and Motrin. It was stated that the applicant should therefore obtain a holistic pain management program. In an earlier psychological counseling note dated December 3, 2013, the applicant's psychologist stated that the applicant should obtain a holistic pain management program focused on alternative treatment such as massage, Biofeedback, and acupuncture. The applicant had a Global Assessment of Functioning of 58, it was stated. The applicant was off of work and currently unemployed, it was noted. The applicant had apparently not worked since late 2013. Authorization was sought for eight sessions of psychotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOLISTIC PAIN MANAGEMENT PROGRAM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 31.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, Chronic Pain Programs topic. MTUS Chronic Pain.

Decision rationale: As noted on page 32 of the California MTUS Chronic Pain Medical Treatment Guidelines, one of the cardinal criteria for pursuit of a functional restoration program or pain management program includes evidence that previous means of treating chronic pain have been unsuccessful and that there is an absence of other options likely to result in significant clinical improvement. In this case, it is not clearly stated why the applicant cannot continue to effect recovery through conventional outpatient office visits and the eight pending sessions of psychotherapy. It is further noted that the requesting provider did not state what the total treatment duration of the program in question was. It is further noted that the holistic pain management program in question appears to be focused on passive modalities such as massage, acupuncture, manipulation, etc., as opposed to the active therapy, active modalities, and functional recovery suggested on pages 32 and 98 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.