

Case Number:	CM14-0109128		
Date Assigned:	08/01/2014	Date of Injury:	05/19/2009
Decision Date:	08/29/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/14/2014

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 licensed in Psychology 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 claimant is a 42 year-old male () with a date of injury of 5/19/09. According to the initial consult dated 6/3/12, the claimant sustained injury to his back and hip as the result of picking up a wheelbarrow and placing it in the back of a truck. However, the Psychological Evaluation dated 2/18/14 indicated that the claimant sustained injury to his back and hip when he was helping to move a school and he lifted a box of books and felt a pop in his back. Either way, the claimant sustained these orthopedic injuries while working as a groundskeeper for the . In his primary treating physician's progress report (PR-2) dated 4/23/14, his treating physician diagnosed the claimant with: (1) Lumbar facet syndrome; (2) Low back pain; (3) Hip pain; and (4) Hip degenerative joint disease (DJD). The claimant has been treated for his orthopedic injuries with medications, physical therapy, chiropractic, injections, aquatic therapy, and surgery. It is also reported that the claimant has also developed psychiatric symptoms secondary to his work related orthopedic injuries and chronic pain. In a Psychological Evaluation dated 2/18/14, the claimant was diagnosed with; (1) Depressive disorder, NOS, high moderate; and (2) Chronic pain disorder associated with both psychological factors and a general medical condition. The claimant has not participated in any psychological treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 Sessions of pain coping skills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines-Cognitive Behavioral Therapy.

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

Decision rationale: The CA MTUS guideline for the use of behavioral interventions in the treatment of chronic pain will be used as reference for this case. Based on the review of the medical records, the claimant has continued to experience chronic pain as well as developed psychiatric symptoms of depression secondary to the pain. In his Psychological Evaluation dated 2/18/14, the treating provider recommended that the claimant participate in his 10 week pain management group. He indicated that an initial authorization for 4 sessions would be an appropriate start based on the CA MTUS. In the Utilization Review dated 7/2/14, the rationale listed for denial of services indicated that there had not been an evaluation completed. It is unclear whether the evaluation had been included for UR review. Since the claimant had completed an evaluation with his provider in February, the request for follow-up services is an appropriate request. The guideline recommends an initial trial of 3-4 psychotherapy visits over 2 weeks and with evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks may be necessary. Given that the claimant completed this evaluation in February, a significant amount of time has gone by without services. As a result, it appears to be appropriate for the claimant to fully complete in the 10 week program. The request for 10 Sessions of pain coping skills is medically necessary.