

Case Number:	CM14-0011131		
Date Assigned:	02/21/2014	Date of Injury:	04/28/1998
Decision Date:	08/07/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	01/28/2014

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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Tennessee. 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 61-year-old female who has submitted a claim for lower leg pain, degenerative lumbar/lumbosacral intervertebral disc, branchial neuritis or radiculitis, intervertebral cervical disc disease with myelopathy, interstitial myositis, cervicgia, cervical intervertebral disc degeneration, depression secondary to chronic pain associated from an industrial injury date of April 28, 1998. Medical records from 2013-2014 were reviewed, the latest of which dated February 25, 2014 revealed that the patient complains of neck and back pain. She rates the pain at 4/10 with medications and at 10/10 without. Today, the pain is rated at 4.5/10. The patient reports that medications are keeping the patient functional, allowing for increased mobility and tolerance of activities of daily living and home exercises. On physical examination, there is tenderness in the cervical paraspinal muscles with radiculopathy into upper extremities, bilaterally. There is tenderness in the lumbosacral paraspinal muscles. There is positive straight leg raise, bilaterally. There is spasm noted in the bilateral cervical and bilateral lumbar regions. There is decreased bilateral upper extremity motor strength. Treatment to date has included physical therapy, home exercise program, and medications that include Norco, Voltaren Gel, Restoril, Arthrotec and Lidoderm patch. Utilization review from January 16, 2014 denied the request for psychiatric sessions (pain related to industrial injury) number of sessions not specified because there is no submitted psychiatric report that would outline the claimant's response from previous treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatric sessions (pain related to industrial injury) number of sessions not specified:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, behavioral modifications are recommended for appropriately identified patients during treatment for chronic pain to address psychological and cognitive function and address co-morbid mood disorder. The guidelines go on to recommend an initial trial of three to four psychotherapy visits over two weeks and with evidence of functional improvement, a total of six to ten visits over five to six weeks. In this case, the patient has increased anxiety and psychiatric issues due to chronic pain. The patient had previous psychotherapy; however, the outcome is unknown due to lack of documentation. The most recent clinical evaluation contains insufficient information that warrants further treatment with psychotherapy. Moreover, there is no documentation of functional improvement over five to six weeks after the previous psychotherapy. Furthermore, the number of visits was not specified in the request. Therefore, the request for psychiatric sessions (pain related to industrial injury) number of sessions not specified is not medically necessary or appropriate.