

Case Number:	CM14-0029715		
Date Assigned:	06/20/2014	Date of Injury:	09/25/2010
Decision Date:	07/17/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/10/2014

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 Physical Medicine and Rehabilitation, and is licensed to practice in Illinois. 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 62 year old female who reported injury to the lower back on 09/25/2010 secondary to twisting her body while holding a serving tray of coffee. The injured worker complained of back pain rating it a constant 5-6 in the morning, 7-8 the rest of the day based on a 1-10 pain scale and loss of bowel and bladder control. Physical examination showed no evidence of muscular atrophy, normal tone, 2+ reflexes in the biceps, and triceps. The injured worker was administered many psychological test such as the minnesota multiphasic personal inventory-2 (MMPI-2), multidimensional pain inventory (MPI), and many questionnaires. As a result, the psychological evaluation revealed an affable woman who inhibits depression, anxiety, and a variety of other symptoms. However, anxiety levels were moderate because there was no evidence for clinical levels of hyperventilation. There was a tremendous preoccupation regarding physical symptoms that can be atypical and tend toward exaggeration and vagueness and the MMPI-2 had very significant elevations on scales 1-3, predicting a poor response to surgery. A magnetic resonance imaging (MRI) showed multilevel degenerative disc disease with a disc bulge and annular fissures at L4-5 and L5-S1. The injured worker had diagnoses of pain disorder associated with both psychological factors and a general medical condition, multi-level degenerative disc disease L3-4 through L5-S1, left sided 3mm disc protrusion at L5-S1 with intermittent left sided radiculitis, underlying moderate bilateral facet arthrosis and associated spinal stenosis at L4-5 and L5-S1, right greater trochanteric bursitis, stress, sleep disturbance, dyspepsia and hypertension possibly due to NSAID use. She had past treatments of epidural injections, physical therapy, non-steroidal anti-inflammatory drugs, oral pain medication, anti-depressant therapy, home exercises, heating pad and manual therapy. Her medications were tramadol, naproxen, cymbalta and ibuprofen. The treatment plan is for psychotherapy two times

a week for five weeks. The request for authorization form was signed and dated 11/27/2013. There is no rationale for the request for psychotherapy two times a week for five weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy Two (2) times a week for five (5) weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Cognitive Behavioral Therapy (CBT) Guidelines for Chronic Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines behavioral interventions, Cognitive Behavioral Therapy (CBT) guidelines for chronic pain Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Cognitive Behavioral Therapy (CBT) Guidelines for Chronic Pain.

Decision rationale: The request for psychotherapy two times a week for five weeks is non-certified. The injured worker complained of back pain rating it a constant 5-6 in the morning, 7-8 the rest of the day based on a 1-10 pain scale and loss of bowel and bladder control. The injured worker was administered many psychological test such as the Minnesota multiphasic personal inventory-2 (MMPI-2), multidimensional pain inventory (MPI), and many other test and questionnaires. As a result, the psychological evaluation revealed an affable woman who inhibits depression, anxiety, and a variety of other symptoms. However, anxiety levels were moderate because there was no evidence for clinical levels of hyperventilation. There was a tremendous preoccupation regarding physical symptoms that can be atypical and tend toward exaggeration and vagueness and the MMPI-2 had very significant elevations on scales 1-3, predicting a poor response to surgery. She had past treatments of epidural injections, physical therapy, non-steroidal anti-inflammatory drugs, oral pain medication, home exercises, heating pad and manual therapy. According to CA MTUS behavioral interventions, cognitive behavioral therapy (CBT) guidelines for chronic pain suggest a screening for patients with risk factors for delayed recovery, including fear avoidance beliefs and that initial therapy for these "at risk" persons should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine and the consideration of a separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone. Per guidelines an initial trial of 4 psychotherapy visits over 2 weeks is recommended and with evidence of objective functional improvement, a total of up to 6-10 visits over 5-6 weeks (individual sessions). Documentation supports the request, however the initial trial of psychotherapy is for 4 visits over two weeks, which would be 2 visits a week for 2 weeks and the request exceeds the number of initial visits. Therefore the request for psychotherapy two times a week for five weeks is non-certified.