

Case Number:	CM14-0081980		
Date Assigned:	07/18/2014	Date of Injury:	01/25/2000
Decision Date:	08/26/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	06/03/2014

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 51-year-old male with a reported date of injury on 01/25/2000. The mechanism of injury was noted to be pushing a wheelbarrow. Diagnoses were noted to include status post lumbar laminectomy with postlaminectomy syndrome, persistent lumbago, left lumbar radiculopathy, and chronic pain syndrome with chronic opioid tolerance. His previous treatments were noted to include surgery and medications. The progress note dated 05/28/2014 revealed the injured worker presented with severe intractable low back pain with radiculopathy. The injured worker is also under psychiatric care for the management of his depression and psychotropic medications. The injured worker rated his overall pain of about 6/10 to 7/10. The physical examination revealed severe tenderness to palpation over the L4-5 and L5-S1, left worse than the right. The range of motion of the lumbar spine was limited from 30% to 50% with guarding. The manual muscle testing of the lower extremity revealed diminished muscle strength. There was a positive straight leg test noted in the left lower extremity. The provider indicated the injured worker continued to be severely symptomatic with worsening low back pain and radiculopathy. The Request for Authorization form dated 06/06/2014 was for psychotherapy due to a major depressive and pain disorder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Cognitive Behavioral Therapy (CBT) Guidelines for Chronic Pain; Orthopedic Consultation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations and Psychological Treatment Page(s): 100-102.

Decision rationale: The request for psychotherapy is non-certified. The injured worker is under psychiatric care. The California Chronic Pain Medical Treatment Guidelines recommend psychological evaluations not only for selected use in pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. For the evaluation and prediction of patients who have a high likelihood of developing chronic pain, a study of patients who were administered a standard battery psychological assessment test found that there is a psychosocial disability variable that is associated with those injured workers who are likely to develop chronic disability problems. The guidelines recommend psychological treatment for appropriately identified patients during treatment for chronic pain. Psychological interventions for chronic pain include 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. The guidelines recommend a "stepped-care" approach to pain management that involves psychological intervention that has been suggested as: Identify and address specific concerns about pain and enhance interventions that emphasize self-management. The role of the psychologist at this point includes education and training of pain care providers in how to screen for patients that may need early psychological intervention. Identify patients who continue to experience pain and disability after the usual time of recovery. At this point a consultation with a psychologist allows for screening, assessment of goals, and further treatment options, including brief individual or group therapy. The guidelines also state if pain is sustained in spite of continued therapy, then intensive care may be required from mental health professions allowing for a multidisciplinary treatment approach. The guidelines recommend up to 13 to 20 visits over 7 to 20 weeks if progress is being made. Studies show that 4 to 6 session trials should be sufficient to provide evidence of symptom improvement, but function and quality of life indices do not change as markedly within a short duration of psychotherapy as do symptom based outcome measures. The request failed to indicate if psychotherapy was for an evaluation or for treatment, and the number of sessions requested. The injured worker is under psychiatric treatment however, there is a lack of documentation from the psychiatrist to give additional details of the injured worker's need for psychotherapy. Therefore, the request is non-certified.