

Case Number:	CM14-0086679		
Date Assigned:	07/23/2014	Date of Injury:	04/29/2011
Decision Date:	08/28/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	06/09/2014

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 & Rehabilitation has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 31-year-old female who reported an injury on 04/29/2011 caused by an unspecified mechanism. Treatment history included medication and physical therapy. The injured worker was evaluated on 06/16/2014 and it was documented that the injured worker complained of psychalgia, anxiety state, and displacement of lumbar intervertebral disc without myelopathy, and depressive disorder, degeneration of lumbar intervertebral disc. The physical examination of the low back revealed right lower extremities weakness pain was dull and tingling with stiffness. Pain level was 6/10 to 7/10. Lower extremities had weakness and the injured worker stated that her legs feel tired. Lumbar spine straight leg raising was positive on the right 75 degrees side. Palpation tenderness noted over paraspinal muscles overlying the facet joints right, and palpation, muscle spasm present. Provider noted the injured worker felt depressed, her mood was bad because of the pain. The injured worker reported feeling easily irritated and angry. Provider noted that the injured worker was authorized for 4 sessions of psych. Medications included Etodolac 300 mg, Flector 1.3% transdermal patch, Medrol 4 mg, Thermacare large, and Tylenol - Codeine No. 3 three hundred mg. Diagnoses included psychalgia, anxiety state, degeneration of lumbar intervertebral disc, and depressive disorder. The Request for Authorization or rationale was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain psychology sessions 1 x 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19-20, 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions & ODG Biofeedback therapy Guidelines Page(s): 23& 25.

Decision rationale: The requested is not medically necessary. California (MTUS) Chronic Pain Medical Guidelines recommends behavioral interventions for identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. In addition the guidelines recommends Initial therapy for these at risk patients should be physical medicine exercise instruction, using a cognitive motivational approach to PT. Possibly consider biofeedback referral in conjunction with CBT after 4 weeks: Initial trial of 3-4 psychotherapy visits over 2 weeks; With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions) Patients may continue biofeedback exercises at home. The documents submitted indicated the injured worker was attending pain psychology sessions however, the out measurements were not submitted for this review. In addition, the injured worker had conservative care measures however, the outcome measurements for physical therapy sessions and medication pain management was not submitted for this review. Given the above, the request for pain psychology sessions 1X6 is not medically necessary.