

Case Number:	CM14-0189117		
Date Assigned:	11/20/2014	Date of Injury:	07/18/2002
Decision Date:	01/08/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/12/2014

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 Psychiatry, Neurology and Addiction Medicine, has a subspecialty in Geriatric Psychiatry and is licensed to practice in California and Texas. 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:

Records reviewed include 45 pages of medical and administrative records. This is a 56 year old male who was injured on 07/18/2002 while lifting a large metal lid, injuring his back. In 2003, he had lumbar spine fusion. An orthopedic surgeon consult on 04/02/2014 listed subjective complaints of persistent low back pain radiating to the right buttock and leg, and he was assessed with failed back syndrome and bilateral right to left lumbosacral radiculitis. On 09/09/2014, notes reflected that the injured worker (IW) was on carisoprodol 350 mg three times daily, Doc-O-tace 100mg capsule daily, hydrocodone 10 mg/acetaminophen 325 mg one every four hours, omeprazole (no dosage given), trazodone 50 mg tablet three times daily, and zolpidem 5 mg tablet sublingual daily. The Primary Treating Physician's progress note (PR2) of 10/07/2014 lists diagnoses of thoracic or lumbosacral neuritis and low back pain with a request for a pain management referral. Psychotherapy and med management were requested one time weekly for one year, which was given modified approval for 12 weekly sessions on 10/29/14. In that UR approval letter the patient was noted to have received an initial psych consult on 09/18/2014 at which time he was diagnosed with "major depression and significant emotional stress with depressive and anxiety symptoms secondary to his industrial injury". The UR indicated that the worker was noted to have minimal depression and mild anxiety on the BDI and BAI, and the diagnosis was mild depression. This record of the 09/18/2014 visit is not included in the medical records sent for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy and medication management 1x weekly for 1 year: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23 of 127.

Decision rationale: The patient received an initial 12 approved psychotherapy sessions. There was no documentation provided as to how many of those sessions were used. These 12 sessions, if used in totality, exceed California MTUS guidelines of up to 10 visits. For additional sessions to be certified it would be necessary for records to reflect evidence of objective functional improvement. California-MTUS 2009 Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines. The 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. See also Multi-disciplinary pain programs. Official Disability Guidelines (ODG) Cognitive Behavioral Therapy (CBT) guidelines for chronic pain: Screen for patients with risk factors for delayed recovery, including fear avoidance beliefs. See Fear-avoidance beliefs questionnaire (FABQ). Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone:- 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).