

Case Number:	CM14-0202886		
Date Assigned:	12/16/2014	Date of Injury:	04/16/2009
Decision Date:	02/05/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	12/04/2014

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 Psychiatrist (MD), and is licensed to practice in California. 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 a 40 year old female sales associate, with a reported injury date of 04/16/2009, who was injured in a motor vehicle accident in a work related capacity. The patient sustained an avulsion fracture of the right femoral neck and has not worked since the accident. The patient has treated with radiology studies, neck brace, cane, non-weight bearing, physical therapy, pain management, injections and medications. The patient complains of sharp, constant low back pain, leg and neck pain and swelling in the lower extremities. The symptoms increase with sitting, standing, bending, pulling, crouching, utilizing a seatbelt, walking tandem and wearing jeans. She also has difficulty with bright lights and loud noises. The patient has myofascial tenderness over the lumbar paraspinous muscles with hyperalgesia over the right gluteal musculature with noted numbness in a nondermatomal distribution of the right upper and lower extremity. Past medical history includes anxiety disorder, depression, fatigue, headaches, insomnia, and neuropathy. Utilization Review dated 11/04/2014 denied the requested Pain Psychology Therapy, as not medically necessary per ODG Cognitive Behavioral Therapy Guidelines. There is no evidence of a psychological examination and the request exceeds guideline recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Psychology Therapy 1xWk x 6Wks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 23, 100-102.

Decision rationale: California MTUS states that behavioral interventions are recommended. 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. ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain recommend screening for patients with risk factors for delayed recovery, including fear avoidance beliefs. Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using 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) The request for Pain Psychology Therapy 1xWk x 6Wks i.e. 6 sessions exceeds the guideline recommendations for an initial trial. Thus, the request is not medically necessary.