

Case Number:	CM14-0206204		
Date Assigned:	12/16/2014	Date of Injury:	07/18/2012
Decision Date:	03/09/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/09/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 26 year old female with an injury date of 07/18/12. Based on the 10/17/14 progress report provided by treating physician, the patient complains of non-radiating lower back pain (unrated), severe anxiety and depression secondary to lower back pain. Patient is status post lumbar facet injection (date unspecified) and has undergone 12 pain management therapy sessions from the initial authorization, followed by an additional 6 following an extension request (18 total). Physical examination 10/17/14 revealed tenderness to palpation to the lumbar paraspinal muscles, positive prone lumbar extension test noted. The patient is currently prescribed Ibuprofen, Lexapro, Norco, and Skelaxin. As of 10/17/14 progress report, patient is temporarily totally disabled. Diagnostic imaging pertinent to chief complaint was not included or discussed with the reports provided. Diagnosis 10/17/14- Lumbosacral spondylosis without myelopathy- Spasm- Lumbar facet joint pain- Chronic pain syndrome- Psychophysilogic disorder- Depressive disorder- Anxiety- Degeneration of intervertebral disc The utilization review determination being challenged is dated 11/12/14. Treatment reports were provided from 01/15/14 to 10/17/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 additional sessions of pain psychology; 1 x 6 weeks: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Psychological treatment.

Decision rationale: The patient presents with non-radiating lower back pain (unrated), severe anxiety and depression secondary to lower back pain. The request is for 6 ADDITIONAL SESSIONS OF PAIN PSYCHOLOGY; 1X6 WEEKS. Physical examination 10/17/14 revealed tenderness to palpation to the lumbar paraspinal muscles, positive prone lumbar extension test noted. The patient is currently prescribed Ibuprofen, Lexapro, Norco, and Skelaxin. As of 10/17/14 progress report, patient is temporarily totally disabled. Diagnostic imaging pertinent to chief complaint was not included or discussed with the reports provided. MTUS Chronic Pain Medical Treatment Guidelines, page 23 states the following regarding behavioral intervention, "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, Chronic chapter, under Psychological treatment, states the following: "ODG Psychotherapy Guidelines: Up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made. (The provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate.) In cases of severe Major Depression or PTSD, up to 50 sessions if progress is being made." The treater is requesting an additional 6 sessions of pain psychotherapy for this patient following 18 previously conducted sessions. MTUS guidelines recommend psychotherapy as an alternative to medications or surgical intervention, while ODG allows for up to 50 sessions for those with concurrent diagnoses of depressive disorder, provided there are demonstrable benefits. In this case, the patient's objective findings and subjective complaints are unchanged as of 10/17/14, however in the same report physician notes "Patient has benefited from psychotherapy sessions. She is learning to use cognitive based therapies to help her cope with the pain. She would benefit from continued care and reinforcement of her cognitive based therapies..." Additionally, patient has been able to reduce her medication dosing from 2 Norco every 12 hours (as of 04/15/14 progress report) to 1 Norco every 8 hours (as of 10/17/14 progress report). Given this patient's concurrent psychiatric complaints, the conservative nature of psychotherapeutic techniques, and improvements (albeit mild ones) to date, it appears that these additional sessions are reasonable. Therefore, the request IS medically necessary.