

Case Number:	CM14-0208520		
Date Assigned:	12/22/2014	Date of Injury:	10/01/2009
Decision Date:	02/12/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/12/2014

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 licensed in Psychologist (PHD, PSYD) 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:

According to the provided medical records, this patient is a-year-old male who reported a work-related injury that occurred on October 1, 2009 during the course of his employment for 24 hour fitness. There are additional prior work related minor injuries. The mechanism of injury is that the patient sharp pain in his right hip pain during the course of his work as an exercise instructor where he taught a one hour class one time per week. He was found upon consultation with a spinal surgeon to have right lumbar radiculopathy attributable to lumbosacral stenosis. There is multi-level degenerative disc disease with severe right-sided neuronal narrowing at L4-5 and L5-S1. He reports the impact on his daily living is on walking tolerance standing tolerance and he avoids recreational and social activities associated with pain he reports a negative emotional impact with mood described as low and he reports feeling anxious and depressed. Psychological testing reveals mild somatic problems, mild depression, and mild anxiety. Conventional medical treatment has not resulted in significant improvement, and as a result of delayed recovery, a request was made for pain psychology visits to times a week for 2 weeks. It was noted that he is not had any prior psychological cognitive behavioral therapy techniques to help him cope with pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Psychology 2 x 2: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions 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 Part 2, behavioral interventions, cognitive behavioral therapy. Page(s): 23-24.

Decision rationale: According to the MTUS treatment guidelines, psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. An initial treatment trial is recommended consisting of 3-4 sessions to determine if the patient responds with evidence of measurable/objective functional improvements. Guidance for additional sessions is a total of up to 6-10 visits over a 5 to 6 week period of individual sessions. The official disability guidelines (ODG) allow a more extended treatment up to 13-20 visits over a 7-20 weeks (individual sessions) if progress is being made. The provider should evaluate symptom improvement during the process so that treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate. Based on the records provided, the requested treatment appears to be reasonable and the medical necessity was established. Although the patient's symptomology is described as relatively mild he also exhibits delayed recovery and maladaptive pain coping behaviors. The request for 2 sessions per week for period of 2 weeks for a total of 4 sessions does conform to MTUS guidelines which recommend an initial treatment trial of 3 to 4 sessions to determine whether or not the patient is improving and benefiting as a result of the treatment including objective functional improvements. The MTUS guidelines recommend psychological treatment for appropriately identified patients during the treatment of chronic pain; this appears to apply to the current treatment request. As best as could be determined, the patient has not had any prior psychological treatment. Because the request for 4 sessions of cognitive behavioral therapy appears to be reasonable and the medical necessity established, the request to overturn the utilization review determination for non-certification is approved.