MAXIMUS Federal Services

Case Number:	CM15-0132032		
Date Assigned:	07/20/2015	Date of Injury:	09/15/2012
Decision Date:	08/19/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/08/2015

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 injured worker is a 38-year-old female who sustained an industrial injury on 9/15/12. The mechanism of injury was unclear. She currently complains of aching and throbbing back pain with a pain level of 7/10. She has sleep difficulties. On physical exam of the lumbar spine there was tenderness at bilateral quadratus lumborum and gluteal medius/ minimus, restricted range of motion with muscle spasms and guarding. Her activities of daily living are limited due to pain and family helps with household chores. Medications were Voltaren 1% gel, Celebrex, Ultram. Diagnoses include low back pain facet pains to left side; myofascial pain syndrome; chronic pain syndrome; lumbar spondylosis; insomnia; depression. Treatments to date include medications; physical therapy; acupuncture; independent exercise program; pain management counseling; heating pad. Her MRI of the lumbar spine (12/2012) show no neurologic impingement. In the progress note dated 6/5/15 the treating provider's plan of care includes a request for pain management counseling (1 time per week for 6 weeks) to further solidify the Track 1 program acquisitions in management of chronic pain with the final goal of integration in the work force.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management counseling 1 time per week for 6 weeks for lumbar/low back: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines behavioral intervention Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental/stress chapter, PTSD psychotherapy interventions.

Decision rationale: The patient presents with back pain and insomnia. The request is for PAIN MANAGEMENT COUNSELING 1 TIME PER WEEK FOR 6 WEEKS FOR LUMBAR/LOW BACK. Physical examination to the lumbar spine on 01/30/15 revealed tenderness to palpation at quadratus lumborum and gluteal medius and maximus. Lumbar facet loading was positive on both sides. Patient's treatments have included medications, home exercise program, acupuncture, TENS unit and psychological therapy. Per 03/10/15 progress report, patient's diagnosis include low back pain, facet pain to the side, and myofascial pain syndrome. Patient's medications, per 04/24/15 progress report include Voltaren Gel, Ultram and Celebrex. Patient's work status is modified duties. 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: "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." In progress report dated 01/30/15, treater states that FRP can help address the patient's increase in alcohol usage. In this case, the treater is requesting 6 sessions of pain management counseling to help this patient cope with pain symptoms, which are largely unresolved by other measures. ODG guidelines indicate that 13-20 visits with a pain psychiatrist/counselor are appropriate for those with chronic pain syndrome and depression secondary to pain. Review of provided medical records does indicate that the patient had 6 sessions of psychological therapy and counseling therapy could produce significant benefits. Therefore, the request IS medically necessary.