

Case Number:	CM15-0144989		
Date Assigned:	08/05/2015	Date of Injury:	01/27/2015
Decision Date:	09/03/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	07/27/2015

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: Psychologist

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 41 year old male who sustained an industrial/work injury on 1-27-15. He reported an initial complaint of back pain. The injured worker was diagnosed as having lumbar sprain and thoracic spine strain. Treatment to date includes medication and diagnostics. MRI results were reported to be normal of the lumbar and thoracic spine. Currently, the injured worker complained of back pain that was getting worse and cannot tolerate heavy lifting in his job. Per the primary physician's report (PR-2) on 7-9-15, exam reveals normal reflexes, limited lumbar range of motion, and Spurling's is negative. Current plan of care included continue home exercise program, additional acupuncture, program for chronic pain, ergonomic evaluation, restricted duty, and follow up. The requested treatments include [REDACTED] (CBT) program.

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] (CBT) Program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23-25.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2, Behavioral Interventions, chronic pain programs (functional restoration programs) page 30-33.

Decision rationale: Citation Summary: The MTUS and ODG do not discuss directly [REDACTED] program, but do discuss functional restoration programs in general as recommended where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk of delayed recovery. Patients should also be motivated to improve and returned to work. Criteria for the general use of multidisciplinary pain management programs: Outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met: (1) and adequate and thorough evaluation has been made, including baseline testing so follow up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in clinically significant improvement; (3) the patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate were surgery or other treatments would be clearly warranted (if a goal of treatment is to prevent or avoid controversy all or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to affect this change; & (6) negative predictors of success have been addressed. As documented by subjective and objective gains. See also Part 2, behavioral interventions, Functional restoration programs (FRPs) page 49

Decision A request was made for participation in the [REDACTED] (CBT) program, the request was modified to allow for a trial of 4 CBT sessions which were noted to be consistent with guidelines. The rationale provided for the decision was that "the guidelines do not provide recommendation for CBT program beyond individual CBT sessions. There has been no description of the CBT program. Based on the records reviewed, a trial of 4 CBT sessions is consistent with guidelines and modified authorization is provided." This IMR will address a request to overturn that decision. According to a physician treatment progress note from April 13, 2015, under review of systems, psychiatric it is noted that mood, memory, and affect are grossly normal. He has been able to continue working with a modified 10 pound work restrictions which appears to be working out for him. With regards to the request for [REDACTED] treatment program, the provided medical records were insufficient in documenting and establishing the medical necessity of the request. The patient has not as of yet completed a psychological outpatient treatment program (CBT) and has been authorized for 4 sessions as an initial trial. There is very little psychological symptomology reported in the medical records as provided. There is no psychological comprehensive evaluation provided. In the absence of a psychiatric or psychological evaluation as well as any significant reports of psychological or psychiatric symptomology, the medical necessity of an intensive comprehensive pain management psychological program is not established especially in the context that he is not yet participated in a less intensive form of treatment which would be a more reasonable first step. In addition, there is no quantity of sessions or duration of treatment associated with this request for [REDACTED] treatment, requests for psychological treatment to reach the IMR level should have a specific quantity attached otherwise it is the equivalent of unlimited and open-ended treatment for which the medical necessity would be unlikely to be established. For these reasons the medical necessity the request is not established in the utilization review decision for modification to allow for four cognitive behavioral therapy sessions is upheld.