

Case Number:	CM15-0146178		
Date Assigned:	08/07/2015	Date of Injury:	09/14/2012
Decision Date:	09/11/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/22/2015

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, Arizona,
Maryland Certification(s)/Specialty: Psychiatry

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 59 year old male, who sustained an industrial injury on September 14, 2012. He reported right leg and groin pain. Treatment to date has included pain management, nerve block, functional restoration program, medication, physical therapy, home exercise program, surgery and psychotherapy. Currently, the injured worker complains of constant groin pain and swelling, as well as thigh pain accompanied by numbness and weakness. The pain is rated at 4-5 on 10 and 5-6 on 10 with activity. The injured worker is currently diagnosed with psychalgia. His work status is permanent disability. In a note dated June 25, 2015, it states the injured worker has experienced therapeutic failure with non-steroidal anti-inflammatory medications, physical therapy, home exercise program, and surgery. The note also states the injured worker experienced only temporary relief from the nerve block, lasting three hours. The injured worker did not complete the functional restoration program, per note dated June 25, 2015. Due to ongoing complaints of pain, psycho counseling (6 sessions) is requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psych Counseling x 6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress chapter.

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 recommends 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); Upon review of the submitted documentation, it is gathered that the injured worker has had psychotherapy sessions in the past and there has been no mention of "objective functional improvement". The request for psych counseling x 6 is not medically necessary this time.