

Case Number:	CM15-0180842		
Date Assigned:	09/22/2015	Date of Injury:	01/31/2012
Decision Date:	10/27/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	09/14/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency Medicine

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 57 year old female who sustained an industrial injury on 01-31-2012. According to a behavioral medicine and psychological intake evaluation report dated 06-01-2015, the injured worker had been referred for chronic pain and complex regional pain syndrome. She reported left foot pain. Treatment to date has included medications, surgery and spinal cord stimulator implantation. Medication regimen included Gabapentin, Zanaflex, Ambien and Lidoderm patch. Associated physical findings related to pain included muscle weakness, deconditioning and feeling out of physical shape. Pain stopped her from doing just about everything, "100%" of her daily activities. Quality of life was poor. Current level of depression was rated 6 on a scale of 0-10 with 10 being very depressed. She had been crying more frequently than normal, had disappointment in herself, poor concentration and low self-esteem. She had not had any thoughts of suicide or history of suicidal behavior. Sleep was poor with interruption in sleep due to pain and decreased sleep duration. Sexual activity had decreased. Anxiety was rated 8. Anger was rated 10 and stress was rated 8. "She was medically retired from her job." The injured worker scored low risk on the opioid risk tool. Diagnostic impression included pain disorder associated with both psychological factors and a general medical condition and diagnosis deferred on Axis II. The provider noted that the injured worker appeared to be suffering emotionally from the chronic pain condition. Emotional distress was rated as significant to her. High levels of activity interference and activity avoidance had created a situation in which the injured worker was starting to isolate, become anxious and have sleep disturbance. The provider recommended 8 sessions of cognitive behavioral pain management.

The injured worker was seen for follow up on 06-12-2015 and 06-25-2015 at which time services were provided to modify the psychological, behavioral, cognitive and social factors affecting the injured worker's physical health and well-being and included health and behavior assessment intervention. On 08-11-2015, Utilization Review modified the request for 8 pain management (cognitive behavioral) sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 pain management (cognitive behavioral) sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress Chapter, Psychotherapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Chronic pain programs, early intervention.

Decision rationale: Guidelines allow for an initial trail of 3-4 cognitive behavioral sessions over 2 weeks. With evidence of objective functional improvement, a total up to 6-10 visits over 5-6 weeks may be appropriate. In this case, there is no evidence of objective functional improvement. The current request for 8 sessions exceeds guideline recommendations. The request for 8 cognitive behavioral sessions is not medically necessary and appropriate.