MAXIMUS Federal Services

Case Number:	CM15-0183531		
Date Assigned:	09/24/2015	Date of Injury:	02/27/1995
Decision Date:	11/06/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/17/2015

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(n) 55 year old male, who sustained an industrial injury on 2-27-95. The injured worker was diagnosed as having L4-L5 disc protrusion with right L5 radicular pain. The physical exam (12-15-14 through 5-12-15) revealed a PHQ-9 score of 24 out of 30. The injured worker was started and maintained on Pristiq. By 6-23-15 the PHQ-9 score had decreased to 8 out of 30. Treatment to date has included physical therapy, aqua therapy, a lumbar epidural injection on 5-22-15, Duragesic patch, Fentanyl patch, Opana, Lidoderm and Prednisone. As of the PR2 dated 8-24-15, the injured worker reports pain in his back that radiates to his legs. He rates his pain 2 out of 10 at best and 5 out of 10 at worst. Objective findings include a PHQ-9 score of 7 out of 30. The treating physician requested retroactive psychotherapy sessions on 6-29-15 and 7-20-15. The Utilization Review dated 8-27-15, non-certified the request for retroactive psychotherapy sessions on 6-29-15 and 7-20-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retroactive Psychotherapy Sessions On 06/29/15 and 07/20/15 # 2: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological treatment.

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 to6-10 visits over 5-6 weeks (individual sessions). Upon review of the submitted documentation, it is gathered that the injured worker has suffers from L4-L5 disc protrusion with right L5 radicular pain. The request for Retroactive Psychotherapy Sessions on 06/29/15 and 07/20/15 # 2 is medically necessary for behavioral treatment of chronic pain.