MAXIMUS Federal Services

Case Number:	CM15-0202971		
Date Assigned:	10/19/2015	Date of Injury:	09/30/1994
Decision Date:	12/02/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/15/2015

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: Pennsylvania
Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 48 year old female, who sustained an industrial injury on 9-30-94. The injured worker was diagnosed as having lumbar radiculopathy, degeneration of lumbar intervertebral disc, and lumbar post-laminectomy syndrome. Treatment to date has included placement of an intrathecal pump, use of a walker, psychiatric treatment, and medication including Clonazepam, Duloxetine, Gabapentin, Haloperidol, Hydrocodone-Acetaminophen, Nuvigil, Risperidone, Trazodone, Ziprasidone, Baclofen, and Dilaudid. Physical examination findings on 8-20-15 included pain with lumbar spine range of motion and sacroiliac joint tenderness to palpation. On 8-20-15, the injured worker complained of bilateral low back pain with radiation to the legs rated as 7 of 10. The treating physician requested authorization for an intensive outpatient program x19 days. On 9-28-15 the request was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

19 days of intensive outpatient program: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions. Decision based on Non-MTUS Citation Official Disability Guidelines, Cognitive behavior therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions, Detoxification, Psychological evaluations, Psychological treatment, Weaning of Medications. Decision based on Non-MTUS Citation Schizoaffective disorder. MedLine Plus. https://www.nlm.nih.gov/medlineplus/ency/article/000930.htm, accessed 11/28/2015.

Decision rationale: The MTUS Guidelines strongly recommend the identification and management of coping skills, describing these elements as often being more important to the treatment of pain than the ongoing medications used. When there is documented evidence of functional improvement, psychotherapy sessions should be continued. The submitted and reviewed documentation indicated the worker was experiencing ongoing visual hallucinations, depressed mood, hopelessness, and loneliness. These records concluded the worker suffered from schizoaffective disorder, chronic pain syndrome, lumbar radiculopathy with failed back syndrome, and fibromyalgia. While the submitted documented assessments were limited, the treatment recommendations included additional work on coping skills and medication adjustments to better control the worker's psychiatric symptoms. In light of this supportive evidence, the current request for nineteen additional sessions additional days of intensive outpatient therapy in a formal multidisciplinary program is medically reasonable.