

<b>Case Number:</b>	CM15-0203226		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	07/02/2007
<b>Decision Date:</b>	12/07/2015	<b>UR Denial Date:</b>	10/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: Texas, California

Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 36 year old female who sustained an industrial injury on 7-2-07. The diagnoses include lumbago, backache not otherwise specified, and depression. Per the doctor's note dated 9-22-15, she had pain rated at 6 out 10, difficulty sleeping, and worry about the future. Objective findings (9-22-15) include chronic pain after L4-L5 fusion years ago, demonstrates poor coping, fear avoidance, high perceptions of disability, and mood symptoms. Current medications are Hydrocodone-acetaminophen, Naprosyn, Melatonin, and Prozac. Previous medications includes Nabumetone, Cymbalta, Gabapentin, Lyrica, Percocet, Meloxicam, Flexeril, Fluoxetine, and Aleve. She has undergone splenectomy and L4-5 fusion on 1/22/2009. Aquatherapy was noted as approved but pending scheduling. The treating provider requested pain management counseling. The requested treatment of chronic pain management program 1x6 was denied on 10- 1-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chronic Pain Management Program 1 time a week for 6 weeks:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional restoration programs (FRPs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions, Biofeedback.

**Decision rationale:** It is stated in the notes that what are requested are weekly visits of chronic pain management counseling (which is similar to cognitive behavioral therapy). The cited guidelines state: Screen for patients with risk factors for delayed recovery, including fear avoidance beliefs. See Fear-avoidance beliefs questionnaire (FABQ). Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone. The CA MTUS Chronic pain medical treatment guidelines, ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain recommend "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)." The cited guidelines recommend up to 6 to 10 psychotherapy visits over 5-6 weeks. Therefore, the requested visits are within the recommendations of the cited guidelines. The patient has chronic pain with depression and sleeping difficulty. Per the notes, the patient demonstrated poor coping, fear avoidance, high perceptions of disability, and mood symptoms. The patient has a history of lumbar surgery. The request of Chronic Pain Management Program 1 time a week for 6 weeks is medically necessary for this patient.