

Case Number:	CM15-0205518		
Date Assigned:	10/22/2015	Date of Injury:	10/30/2012
Decision Date:	12/04/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/20/2015

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: North Carolina, Georgia
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:

The injured worker is a 59 year old male, who sustained an industrial injury on 10-30-2012. The injured worker is currently permanent and stationary and not working. Medical records indicated that the injured worker is undergoing treatment for crush injury to the right foot, unspecified myalgia and myositis, neuralgia, and depressive disorder. Treatment and diagnostics to date has included psychotherapy and medications. Recent medications have included Lyrica, Ultram, Atacand, Crestor, Glumetza, Humalog, Voltaren gel, Ultram, and Duloxetine. Subjective data (08-08-2015 and 09-14-2015), included foot pain rated 3-4 out of 10. Objective findings (09-14-2015) included being alert and oriented x 3, in no apparent distress, and "no formal examination" noted. The request for authorization dated 09-14-2015 requested 1 x week for 8 weeks of pain management counseling. The Utilization Review with a decision date of 09-22-2015 non-certified the request for 8 pain management counseling.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Pain Management Counseling: Overturned

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004, and Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions, Psychological treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Psychological treatment.

Decision rationale: CA MTUS and ODG both recommend psychological treatment with a focus on identification and reinforcement of coping skills, which is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. Recent reviews support the assertion of efficacy of cognitive-behavioral therapy (CBT) in the treatment of pain, especially chronic back pain (CBP). Screen for patients with risk factors for delayed recovery risk. Initial therapy for these "at risk" patients should be physical therapy for exercise instruction, using a cognitive motivational approach to PT. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from PT alone with initial trial of 3-4 psychotherapy visits over 2 weeks. With evidence of objective functional improvement, treatment may consist of up to 6-10 visits over 5-6 weeks (individual sessions). With severe psych comorbidities (e.g., severe cases of depression and PTSD) follow the ODG Psychotherapy Guidelines: Up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made. The provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate. In cases of severe Major Depression or PTSD, up to 50 sessions if progress is being made. In this case, there is good documentation of severe psychological symptoms for which therapy/counseling is expected to provide a benefit. An initial 6 sessions have been provided and there is documented response to these sessions. The request for an additional 8 sessions of counseling is within guideline recommendations and is also consistent with AME recommendation of 15 sessions of counseling. 8 session of pain management counseling is medically necessary.