

Case Number:	CM15-0208699		
Date Assigned:	10/27/2015	Date of Injury:	05/30/2004
Decision Date:	12/10/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/23/2015

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

Certification(s)/Specialty: Psychologist

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 injured worker is a 37 year old female who reported an industrial injury on 5-30-2004. Her diagnoses, and or impressions, were noted to include: chronic low back pain; and long-term current drug use. No imaging studies were noted. Her treatments were noted to include: completion of a 6 week functional restoration program; medication management with toxicology studies (4-7-15); and permanently restricted work duties. The progress notes of 9-2-2015 reported: that she worked part-time; had completed a trial of nabumetone which brought her pain, rated 5-11 out of 10, down to 4.5 when taken 3 x a day; flare-ups every morning; a maximum of 3 hours of sleep per night; increased anxiety levels; that she had never detoxed off her opioids and had to abruptly stop; and trouble adjusting to her new life with her injury. The objective findings were noted to include: that her physical examination was unchanged from the previous visit; decreased deep tendon reflexes in the lower extremities; mildly positive right distraction test of the sacroiliac joints; localized tenderness in the bilateral lumbar para-spinal and hip girdle muscles, and the right sacroiliac joint area, with partial reproduction of pain; and that she had a prolonged recovery and was at risk for, or had developed, chronic pain syndrome; demonstrated poor coping, fear avoidance, high perceptions of disability, and mood symptoms; risk factors which included perceived injustice, external locus of control over health, poor family-social support, and financial stressors. The physician's requests for treatment were noted to include pain management counseling, 1 x a week for 8 weeks, to deal with the delayed recovery as a result of the consequences of the industrial injury on daily life and activities of daily living. The 4-7-2015 progress noted a positive urine toxicology study that was positive for

Methadone, and that she had been out of opioids since June 2014 and took some left-over Methadone, the week prior, prescribed by another doctor. No Request for Authorization for pain management counseling 1 x a week for 8 weeks, for chronic low back pain was noted in the medical records provided. The Utilization Review of 9-30-2015 modified the request for pain management counseling 1 x a week for 8 weeks, for chronic low back pain, to psychological evaluation only.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management counseling 1 time a week for 8 weeks for chronic low back pain: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological evaluations.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions, Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter Mental Illness and Stress, Topic: Cognitive Behavioral Therapy, Psychotherapy Guidelines: August, 2015 update.

Decision rationale: Citation Summary: According to the MTUS treatment guidelines, psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes: setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive functioning, and addressing comorbid mood disorders such as depression, anxiety, panic disorder, and PTSD. The identification and reinforcement of coping skills is often more useful in the treatment of chronic pain and ongoing medication or therapy which could lead to psychological or physical dependence. An initial treatment trial is recommended consisting of 3-4 sessions to determine if the patient responds with evidence of measurable/objective functional improvements. Guidance for additional sessions is a total of up to 6-10 visits over a 5 to 6 week period of individual sessions. The Official Disability Guidelines (ODG) recommend a more extended course of psychological treatment. According to the ODG, studies show that a 4 to 6 sessions trial should be sufficient to provide symptom improvement but functioning and quality-of-life indices do not change as markedly within a short duration of psychotherapy as do symptom-based outcome measures. Following completion of the initial treatment trial, the ODG psychotherapy guidelines recommend: up to 13-20 visits over a 7-20 weeks (individual sessions) if documented that CBT has been done and progress has been made. The provider should evaluate symptom improvement during the process so that treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate. Psychotherapy lasting for at least a year or 50 sessions is more effective than short-term psychotherapy for patients with complex mental disorders according to a meta-analysis of 23 trials. A request was made for pain management counseling 1 time a week for 8 weeks for chronic low back pain, the request was modified to authorize a psychological evaluation. All the medical records were provided for this review were carefully considered and consisted of approximately 63 pages. The provided medical records did not establish the medical necessity of the request. No psychological evaluation was provided. The patient suffered an industrial injury that occurred in 2004. Her prior psychological treatment history on an industrial basis

for this industrial injury is unknown. Psychological treatment is supported by the industrial guidelines for properly identified patients. Psychological treatment may be appropriate for this patient however in the absence of a comprehensive psychological evaluation that includes a detailed history of her prior psychological treatment in terms of quantity and outcome would be needed in order to establish the necessity to start a new course of psychological treatment. Utilization review modified the request to allow for psychological evaluation. At this juncture in the absence of psychological evaluation the medical necessity of this request was not established and utilization review decision for non-certification with modification is upheld.