

Case Number:	CM15-0022224		
Date Assigned:	02/11/2015	Date of Injury:	06/29/2006
Decision Date:	05/20/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/05/2015

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 58-year-old female with an industrial injury dated 06/29/2006. Her diagnosis includes cervical disc disease, cervical radiculopathy, lumbar disc disease, lumbar radiculopathy and lumbar facet syndrome. Prior treatments include physical therapy, chiropractic treatment and acupuncture. She presents on 09/23/2014 with complaints of pain in cervical spine rated as 2/10. The pain is described as constant, tight and throbbing radiating to the bilateral shoulders and down to the wrists. She also complains of pain in the thoracic and lumbar spine. Physical exam noted moderate cervical paraspinous muscle tenderness and spasm. Cervical spine range of motion was decreased. There was also tenderness in the lumbar area. There is a progress note dated 10/16/2014 that is difficult to read however it lists psyche stress as a diagnosis and mentions depression in the notes. These are the most current notes in relation to the request. The treatment plan and request is for individual or group therapy times 4-6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual or Group Therapy x 4-6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Psychological treatment Page(s): 23, 100-102.

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 recommend 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 to 6-10 visits over 5-6 weeks (individual sessions). Upon review of the submitted documentation, it is gathered that the injured worker suffers from chronic pain secondary to industrial trauma and would be a good candidate for behavioral treatment of chronic pain. However, the request for Individual or Group Therapy x 4-6 weeks exceeds the guideline recommendations for an initial trial and thus is not medically necessary at this time.