

Case Number:	CM15-0026790		
Date Assigned:	02/19/2015	Date of Injury:	10/12/2009
Decision Date:	04/07/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/12/2015

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 53 year old female who sustained an industrial injury on October 12, 2009. She has reported low back pain and has been diagnosed with chronic lumbosacral strain, left knee strain versus left medial meniscus tear, probable internal derangement of the left knee, and bilateral trochanteric bursitis. Treatment has included surgery, medication, physical therapy, and injection. Currently the injured worker complains of left buttock and knee pain. The treatment plan included pain management. On January 29, 2015 Utilization Review non certified bio-behavioral pain management (psychological pain consultation & bio-behavioral treatment interventions x 6-12 sessions over 5 to 6 weeks) citing the MTUS and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bio-behavioral Pain Management (Psychological Pain Consultation & Bio-behavioral Treatment Interventions x 6-12 sessions over 5 to 6 weeks): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions, see also Multi-disciplinary pain programs. Decision based on Non-MTUS Citation Official Disability Guidelines; Cognitive Behavioral Therapy (CBT).

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 recommends 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 could benefit from behavioral treatment/psychotherapy for chronic pain. However, the request for Bio-behavioral Pain Management (Psychological Pain Consultation & Bio-behavioral Treatment Interventions x 6-12 sessions over 5 to 6 weeks) exceeds the guideline recommendations for an initial trial of 4 sessions. Thus, the request is not medically necessary.