MAXIMUS Federal Services

Case Number:	CM15-0031879		
Date Assigned:	02/25/2015	Date of Injury:	09/26/2008
Decision Date:	04/10/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/20/2015

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: 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 35 year old female, who sustained an industrial injury on 09/26/2008. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. Diagnoses include lumbar strain, left sacroiliac pain, and left hip and leg pain. Treatment to date has included medication regimen, use of transcutaneous electrical nerve stimulation unit, acupuncture, exercise program, and laboratory studies. In a progress note dated 12/16/2014 the treating provider reports sharp occasional thoracolumbar pain that is rated an eight to nine out of ten and minimal left hip pain. The treating physician requested psychological pain counseling, but the documentation provided did not indicate the reason for this requested treatment. On 02/10/2015 Utilization Review non-certified the requested treatment of four visits of psychological pain counseling, noting the California Medical Treatment Utilization Schedule, 2009, American College of Occupational and Environmental Medicine, Occupational Medical Practice Guidelines, Second Edition (2004), Chapter 15, page 398 to 404.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 Visits Psychological Pain Counseling: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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 and would benefit from the behavioral treatment of chronic pain with an initial psychotherapy trial as per the guidelines quoted above. Thus, the request for 4 Visits of Psychological Pain Counseling is medically necessary, will respectfully disagree with UR physician's decision.