

Case Number:	CM15-0039646		
Date Assigned:	03/10/2015	Date of Injury:	02/11/2009
Decision Date:	04/13/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/03/2015

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: Arizona, California
 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 an 71 year old female, who sustained an industrial injury on 2/11/09. She reported pain in the left hip, back and head related to a fall. The injured worker was diagnosed as having lumbar radiculopathy, chronic pain syndrome, depression and sacroilitis. Treatment to date has included lumbar MRI, acupuncture, physical therapy, cognitive behavioral therapy and pain medications. As of the PR2 dated 1/2/15, the injured worker reports 9/10 lower back pain and left hip pain. She indicated that medications help with pain and has no side effects. The treating physician noted restricted lumbar range of motion due to pain and a positive straight leg raising test on both sides.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue cognitive behavioral therapy, four sessions: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain, Suffering, And The Restoration of Function Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 6), pages 105 - 126, and Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines cognitive behavioral therapy Page(s): 23.

Decision rationale: According to the guidelines, CBT is 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. See also Multi-disciplinary pain programs. Cognitive Behavioral Therapy (CBT) guidelines for chronic pain are: Screen for patients with risk factors for delayed recovery, including fear avoidance beliefs. See Fear-avoidance beliefs questionnaire (FABQ). Initial therapy for these at risk patients should be physical medicine for exercise instruction, using a 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). In this case, the claimant had completed 6 sessions for psychotherapy CBT with stable pain control and no medication dependency. The requests for 4 additional sessions of CBT are within the guidelines and are considered appropriate and medically necessary.

Continue medications: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, PPI, antidepressants Page(s): 67, 42.

Decision rationale: In this case the claimant had been on anti-depressants, NSAIDs and PPI. The indication for their use has different criteria, length, frequency, etc. The medication continuation request was non-specific and ill-defined. Quantity was also not mentioned. The request therefore is not medically necessary.