

Case Number:	CM15-0045889		
Date Assigned:	03/18/2015	Date of Injury:	07/24/2008
Decision Date:	04/20/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/11/2015

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:

The injured worker is a(n) 54 year old female, who sustained an industrial injury on 7/24/08. She reported pain in the lower back. The injured worker was diagnosed as having lumbar degenerative disc disease, lumbar radiculopathy and pain disorders with psychological factors and an orthopedic condition. Treatment to date has included lumbar MRI, lumbar epidural injections, pain education sessions and pain medications. As of the PR2 dated 2/16/15, the injured worker reports 7/10 pain with radiation to the legs. The treating physician requested pain education and coping skills group x 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Education and Coping Skills Group 6 sessions: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California MTUS cognitive behavioral therapy guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 389, Chronic Pain Treatment Guidelines Part Two Behavioral interventions, Cognitive Behavioral Therapy for Chronic Pain Page(s): 23-24.

Decision rationale: The ACOEM guidelines state that patient education is a cornerstone of effective treatment. Patients may find it therapeutic to understand the mechanism and natural history of the stress reaction and that it is a normal occurrence when their resources are overwhelmed. Education also provides the framework to encourage the patient to enhance his or her coping skills, both acutely and in a preventative manner by regularly using stress management techniques. Physicians, ancillary providers, support groups, and patient-appropriate literature are all educational resources. In addition, according to the MTUS treatment guidelines, psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. An initial treatment trial is recommended consisting of 3-4 sessions to determine if the patient responds with evidence of measureable/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) allow a more extended treatment up to 13-20 visits over a 7-20 weeks (individual sessions) if progress is being 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. A request was made for an additional 6 sessions of pain education and coping skills group, the request was non-certified by utilization review with the following rationale provided: "the prior treatment did not show significant improvement. This additional visits would place the number in excess of the 10 visits recommended as a maximum." According to a primary treatment progress note from the patient's psychologist from January 6-27 2015, the patient has attended 4 sessions of the 10 session pain education and coping skills group at a frequency of one time per week. A detailed description of the groups treatment goals was provided. Progress to date that the patient has evidenced as a result of treatment include the following: moderate improvement on mental status exam and Hamilton depression scale; exercise regularly; completing household chores and self-care and learning activity pacing; and expressing an interest on cutting back pain medications with integration of coping tools. Continued psychological treatment is contingent establishing medical necessity typically reflected upon documentation of all three of the following: continued patient psychological symptomology warranting psychological treatment, total quantity of sessions received to date with MTUS/official disability guidelines, and that the patient is benefiting from treatment as evidenced with objective functional improvement. In this case, it appears that all 3 criteria have been adequately addressed with the documentation provided for review. However, it should be noted that the patient was injured in 2008, over 7 years ago, and her prior psychological treatment history from the time of her injury to the current request is unclear. It is unknown if she has received prior psychological treatment in addition to this current course of treatment. Although based on the information provided for review/consideration this request for additional treatment appears to be reasonable, appropriate, and medically necessary any additional requests should contain documentation regarding her prior treatment history from 2008 through 2015. Because medical necessity was established, the utilization review determination for non-certification is overturned.