

Case Number:	CM15-0046477		
Date Assigned:	03/18/2015	Date of Injury:	07/17/2005
Decision Date:	05/01/2015	UR Denial Date:	03/03/2015
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: Physical Medicine & Rehabilitation

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 57 year old male, who sustained an industrial injury on 7/17/05. He has reported a back injury. The mechanism of injury was not documented. The diagnoses have included major depressive disorder, generalized anxiety disorder, post lumbar laminectomy pain syndrome, chronic pain syndrome and lumbar radiculopathy. Treatment to date has included medications, surgery, diagnostics, spinal cord stimulation, physical therapy and Home Exercise Program (HEP). Surgery has included status post 2 lumbar fusion surgeries in 1995 and 7/2012. Currently, as per the physician progress note dated 2/2/15, the injured worker was having trouble with getting medication Clonazepam, having to buy it out of pocket as he attempts to taper the dose to 1.5MG per day. The plan was reviewed on tapering the dose slowly. It was noted that he was very frustrated with his case and whether treatments were being paid. It was also noted that other options for accessing his medications were explored. At the same time, the pain medications will be tapered over the next several months. There was evidence of memory deficits and deficits in organization. There was a need for additional sessions as they continue the Clonazepam. The current medications included Endocet, Soma, Eszopiclone, Duloxetine, Gabapentin and Clonazepam. The urine drug screen dated 8/18/14 was consistent with medications prescribed. Physical exam revealed alert and oriented, cooperative and slow and monotone speech. He appears fatigued, sad and anxious, constricted range of affect, preoccupied with coverage issues for treatment and medications and fair insight. The Treatment Plan includes continuing with Cymbalta and Gabapentin and taper Clonazepam to 1.5MG per day with plan to taper to 1MG within the next 2 months. Return in 2-3 months. The requested treatment includes

6 Psychological sessions (in the context of tapering Benzodiazepines to allow the patient 2 sessions over the next 3 months).

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Psychological sessions (in the context of tapering Benzodiazepines to allow the patient 2 sessions over the next 3 months): Upheld

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

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

Decision rationale: The patient presents with low back pain. The request is for 6 Psychological Sessions (In the Context of Tapering Benzodiazepine to Allow the Patient 2 Sessions over the Next 3 Months). Patient's treatments have included medication, psychotherapy sessions and a spinal cord stimulator. Per 02/02/15 Request For Authorization Form, patient's diagnosis include major depressive disorder and pain disorder. Patient's medications, per 02/02/15 progress report include Cymbalta, Eszopiclone, Gabapentin and Clonazepam. Patient is permanent and stationary. Regarding cognitive behavioral therapy, MTUS page 23 states: "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. ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain: 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)." The treater does not discuss this request. Per RFA dated 02/02/15, the request is for 6 additional psychological sessions in the context of tapering Benzodiazepines. UR letter dated 03/02/15 has modified the request to 2 sessions over the next 3 months. In review of the medical records provided, the patient has completed 6 sessions of psychiatric therapy. MTUS recommends trial of 3-4 sessions and up to 6-10 visits with functional improvement. The current request exceeds what is allowed by MTUS for CBT to address chronic pain issues. The request is not medically necessary.