

Case Number:	CM15-0046939		
Date Assigned:	03/19/2015	Date of Injury:	04/22/2010
Decision Date:	04/24/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	03/12/2015

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 56-year-old male, who sustained an industrial injury on April 22, 2010. He reported injury to his spine and nervous system due to a fall. The injured worker was diagnosed as having failed back syndrome, chronic radicular pain, sleep disturbance, anxiety and depression. Treatment to date has included injections, physical therapy, psychology evaluation and medications. In report dated September 19, 2014, the injured worker reported that his injury significantly impaired his ability to work and function, leading to mild psychological trauma, a period of emotional adjustment and increased stress. On March 20, 2015, the injured worker complained of pain in his right sacroiliac joint. He described the pain as sharp, intermittent and stabbing in the right buttock. The pain was rated as a 7 on a 1-10 pain scale. The pain is better with rest, physical therapy and medications. The treatment plan included right-sided sacroiliac joint steroid injection, medications, psychology referral and a follow-up visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy 1 time a week for 3 weeks: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain, Behavioral interventions Page(s): 23.

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 suffered from industrial trauma resulting in chronic pain and psychological consequences secondary to the pain. He would be a good candidate for behavioral treatment of the chronic pain. The request for Psychotherapy 1 time a week for 3 weeks i.e. 3 sessions is medically necessary for the initial trial per the guidelines.