

Case Number:	CM15-0054164		
Date Assigned:	03/27/2015	Date of Injury:	07/12/2010
Decision Date:	05/05/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/23/2015

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, Hawaii
 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 35-year-old female with an industrial injury dated 07/12/2010. The injured worker diagnoses include L4-L5 degenerative 1mm disc bulge with foraminal narrowing contributing to left L5 radicular pain. She has been treated with diagnostic studies, prescribed medications, psychotherapy and periodic follow up visits. According to the progress note dated 02/18/2015, the treating physician reported mild depression and anxiety. The treating physician prescribed additional psychotherapy with pain psychologist for 8 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy with pain psychologist for 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 101.

Decision rationale: The attending physician report dated 2/18/15 indicates that the patient has chronic back, neck and left shoulder pain. The current request is for Psychotherapy with pain psychologist for 8 sessions. MTUS states that psychotherapy is recommended for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective. Psychological treatment incorporated into pain treatment has been found to have a positive short-term effect on pain interference and long-term effect on return to work. In this case, records indicate that a total of 10 psychotherapy sessions have been approved, with the last four approved recently, and six sessions have been completed. At the current time, it is difficult to assess and recommend additional psychotherapy prior to reviewing psychological reports to determine if the therapy is having a positive impact on the patient's health either through decreasing pain levels or increasing functional ability. The patient has four sessions currently approved and the request for an additional 8 appears premature due to the lack of documentation in the form of a report from the psychotherapist. The available documentation does not currently establish medical necessity before the completion of already approved sessions and is deemed not medically necessary.

Consultation- one time visit for functional restoration pain management multi-disciplinary evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Page(s): 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program Page(s): 30-32.

Decision rationale: The attending physician report dated 2/18/15 indicates that the patient has chronic back, neck and left shoulder pain. MTUS indicates that Functional Restoration Programs are recommended where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk of delayed recovery. Patients should also be motivated to improve and return to work, and meet the patient selection criteria outlined below. Outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met: (1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success above have been addressed. In this case, it is understood that most of these factors are addressed during the initial consultation performed by the health care

providers at the clinic for which the Functional Restoration Program is offered. However, a Functional Restoration Program is only indicated when all other treatment methods have been unsuccessful. At this time, the patient appears to be undergoing psychotherapy and it is not known at this time if the treatment has been unsuccessful as the reports from the therapist are unavailable and four additional sessions have been approved. It is known that the attending physician is requesting additional psychotherapy sessions and therefore medical necessity has not been established for a Functional Restoration Program. Additionally, there is nothing in the medical records that indicates that the patient has a significant loss of ability to function independently due to her chronic pain. Therefore, the request is not medically necessary.