

Case Number:	CM15-0061420		
Date Assigned:	04/07/2015	Date of Injury:	06/17/1998
Decision Date:	05/08/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/01/2015

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: Preventive Medicine, Occupational Medicine

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 55 year old female, who sustained an industrial injury on June 17, 1998, incurring injuries to her back, knees and shoulder. She was diagnosed with lumbar spondylosis, lumbar radiculopathy, sacroiliac pain, occipital neuralgia and myofascial pain syndrome. Treatment included opioids, medication management, home exercise program, physical therapy, anti-depressants, epidural steroid injections and nerve blocks. Currently, the injured worker complained of chronic pain of her low back, knees, neck, left shoulder and head. She also complained of severe depression and panic attacks. The treatment plan that was requested for authorization included fifteen cognitive behavioral sessions and twenty Hispanic pain management group therapy sessions. She has previously completed 17 sessions of CBT and 22 sessions of pain management. There are no objective measures of improved depression or anxiety in the records reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

15 Cognitive behavioral therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 101,102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)Cognitive Behavioral Therapy depression.

Decision rationale: MTUS Guidelines supports limited psychological therapy issues intertwined with chronic pain. However the MTUS Guidelines do not discuss what is considered to adequate treatment. ODG Guidelines address this issue and recommend up to 20 sessions of therapy as adequate for most cases of depression and only if there is improvement. This individual has completed 17 sessions and there is objective measures of improvement in the records reviewed. There are common standard tools of measurement that are utilized to document treatment success. Other treating physicians have not discussed improvement and her use of medications has not changed. Under these circumstances the request for an additional 15 sessions of cognitive behavioral therapy is not supported by Guidelines and is not medically necessary.

20 [REDACTED] pain management group therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs Page(s): 30-32. Decision based on Non-MTUS Citation Official Disability GuidelinesMental and Stress - Group Therapy.

Decision rationale: MTUS Guidelines support the use of various approaches in chronic pain programs if the program can demonstrate proven success with Worker's Compensation patients. In addition, a trial period of a few weeks or 10 sessions is recommended prior to longer term involvement. This trial period should demonstrate objective improvements in functioning and diminished reliance on other treatments before an extension is recommended. Neither of these Guideline standards have been met. In the records reviewed there is no documentation of the success associated with this program and there is no midpoint evaluating the patient's progress and impact on functioning and treatment. Under these circumstances the requested 20 sessions of [REDACTED] Group Sessions Pain Management is not supported by Guidelines and is not medically necessary.