

Case Number:	CM15-0089263		
Date Assigned:	05/13/2015	Date of Injury:	06/26/2012
Decision Date:	06/19/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	05/08/2015

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: New York, Tennessee
 Certification(s)/Specialty: Emergency 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 a 35 year old male, who sustained an industrial injury on 06/26/2012. According to a progress report dated 01/08/2015, the injured worker had mostly occipital headaches with radiation of pain. Headaches were more severe when he felt stressed. He also reported gastritis, palpitations and headaches. MRI was negative. He did not tolerate Nortriptyline due to gastrointestinal side effects. Diagnoses included post-concussion syndrome. Treatment plan included pain management counseling sessions. The goal of treatment was to solidify self-management of pain, taper medications and learn non-medical pain/social/emotional coping skills and keep him functional. The request for cognitive therapy evaluation and treatment was pending authorization. The injured worker did not want to try any oral medications. On 02/19/2015, the injured worker reported that he had headaches more often, especially when stressed. He was unable to take any oral medications due to gastrointestinal upset. Objective findings were unchanged. The treatment plan included Sertraline. According to a progress report dated 04/02/2015, Sertraline was helping him but he wanted to take it as needed due to gastrointestinal side effects. Sertraline improved sleep and headaches. He felt that pain management counseling and cognitive therapy helped him more to calm himself down more than medications. Currently under review is the request for pain management counseling, 12 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management counseling 12 sessions 2x6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23, 30-32. Decision based on Non-MTUS Citation Official Disability Guidelines, Head Chapter. Psychotherapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 101-102. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain, Behavioral Interventions.

Decision rationale: Chronic Pain Medical Treatment Guidelines state that psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. The guidelines also state that psychological intervention 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. There should be an initial trial of 3-4 visits of psychotherapy over 2 weeks to determine if there is functional improvement. With evidence of objective functional improvement, recommended number of visits is a total of up to 6-10 visits over 5-6 weeks. In this case the requested number of 12 visits surpasses the number of 3-4 visits recommended for clinical trial to determine functional improvement. The request should not be authorized and is not medically necessary.