

Case Number:	CM15-0239414		
Date Assigned:	12/16/2015	Date of Injury:	02/16/2013
Decision Date:	01/27/2016	UR Denial Date:	11/11/2015
Priority:	Standard	Application Received:	12/08/2015

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: Massachusetts

Certification(s)/Specialty: Anesthesiology, Pain Management

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 female, who sustained an industrial injury on 2-16-2013. The medical records indicate that the injured worker is undergoing treatment for post lumbar laminectomy syndrome, lumbar radiculitis, chronic pain syndrome, and plantar fasciitis. According to the progress report dated 10-12-2015, the injured worker presented with complaints of low back and left foot pain. She describes her pain as constant, burning, shooting, tingling, radiating, numbing, cramping, achy, and throbbing. On a subjective pain scale, she rates her pain 5 out of 10. The physical examination of the lumbar spine reveals diffuse tenderness to palpation over the paraspinal muscles, decreased range of motion, and diminished sensation in the left leg, lateral calf, and lateral aspect of the foot and toes. The current medications are Norco, Zoloft, Sonata, and Lidocaine 5% ointment. Previous diagnostic studies include electrodiagnostic testing and MRI of the lumbar spine. Treatments to date include medication management, physical therapy, TENS unit, massage, cognitive behavioral therapy, epidural steroid injection, and surgical intervention times three. Work status is described as not working. The original utilization review (11-11-2015) had non-certified a request for 3 additional cognitive behavioral therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional CBT 3 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy (CBT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological evaluations.

Decision rationale: According to the MTUS, Psychological treatment is recommended for appropriately identified injured workers during treatment for chronic pain. psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a injured worker'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. The following stepped-care approach to pain management that involves psychological intervention has been suggested: Step 1: Identify and address specific concerns about pain and enhance interventions that emphasize self-management. The role of the psychologist at this point includes education and training of pain care providers in how to screen for injured workers that may need early psychological intervention. Step 2: Identify injured workers who continue to experience pain and disability after the usual time of recovery. At this point a consultation with a psychologist allows for screening, assessment of goals, and further treatment options, including brief individual or group therapy. Step 3: Pain is sustained in spite of continued therapy (including the above psychological care). Intensive care may be required from mental health professions allowing for a multidisciplinary treatment approach. See also Multi-disciplinary pain programs. See also ODG Cognitive Behavioral Therapy (CBT) Guidelines. (Otis, 2006) (Townsend, 2006) (Kerns, 2005) (Flor, 1992) (Morley, 1999) (Ostelo, 2005) Further, the ODG also comment on CBT. The current evidence-based guidelines support the use of cognitive therapy for the treatment of stress related conditions. The official disability guidelines recommend cognitive therapy for depression. And initial trial of six visits over six weeks is recommended. A total of up to 13 to 20 visits over 13 to 20 weeks are recommended with evidence of objective functional improvement. According to the documents available for review, the IW previously underwent at total of 19 sessions of CBT. Therefore, an additional 3 sessions would be in contrast to the total limit of 20 sessions. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established. Therefore request is not medically necessary.