

Case Number:	CM14-0151634		
Date Assigned:	09/19/2014	Date of Injury:	04/05/2011
Decision Date:	10/21/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/17/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Injured worker is a female with date of injury 4/5/2011. Per request for authorization to treat, secondary treating physician's progress report dated 5/31/2014, the injured worker continues to respond well to therapy (both individual and chronic pain management support group). She acknowledges that she enjoys a good therapeutic relationship with the therapist. She reports ongoing elevated symptoms of anxiety, depression and worry over her life in general. Current stressors continue to include having to cope with her chronic pain, frustration in negotiating the Workers' Compensation system, and recent family difficulties. Her teen son has been involved in the juvenile court system and there have been reports that the Child Welfare System due to allegations by her teenage daughter. No charges have been filed, and the daughter remains in the care of an adult family member while the case is being investigated. These circumstances have caused her constant worry but reports spending time in group and focusing on self care behaviors helps her "keep going". Diagnoses include 1) chronic pain syndrome 2) major depressive disorder, single episode, moderate 3) pain disorder associated with psychological factors and a general medical condition, mod-severe, industrial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual psychotherapy weekly x 12 weeks: 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), Psychotherapy Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

Decision rationale: Per the MTUS Guidelines, 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. The criteria for use of cognitive behavior therapy (CBT) for chronic pain include (1) Screen for patients with risk factors for delayed recovery, including fear avoidance beliefs (2) Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine (3) Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone with an 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) are recommended. The injured worker has already exhausted the number of recommended visits for psychotherapy. Although she has continued life stressors, the therapy she has received should have provided her with identification and reinforcement of coping skills to use outside of therapy. Medical necessity for this request has not been established within the recommendations of the MTUS Guidelines. The request for Individual psychotherapy weekly x 12 weeks is determined to not be medically necessary.

Pain management CD: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Education section

Decision rationale: The MTUS Guidelines do not address the use of Pain Management CD. The claims administrator did not cite references regarding this request. The ODG recommends the use of education. This request does not explain how the pain management CD would be utilized. The injured worker is noted to have received individual therapy and chronic pain group therapy already. Specific information regarding this pain management CD is not provided by the requesting provider, or explained how it would be used as medical treatment. Medical necessity for this request has therefore not been established. The request for Pain management CD is determined to not be medically necessary.

Pain management group weekly x 12 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

Decision rationale: Per the MTUS Guidelines, 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. The criteria for use of cognitive behavior therapy (CBT) for chronic pain include (1) Screen for patients with risk factors for delayed recovery, including fear avoidance beliefs (2) Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine (3) Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone with an 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) are recommended. The injured worker has already exhausted the number of recommended visits for psychotherapy. Although she has continued life stressors, the therapy she has received should have provided her with identification and reinforcement of coping skills to use outside of therapy. Medical necessity for this request has not been established within the recommendations of the MTUS Guidelines. The request for Pain management group weekly x 12 weeks is determined to not be medically necessary.

Pain management group psychotherapy x 12 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), Psychotherapy Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

Decision rationale: Per the MTUS Guidelines, 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. The criteria for use of cognitive behavior therapy (CBT) for chronic pain include (1) Screen for patients with risk factors for delayed recovery, including fear avoidance beliefs (2) Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine (3) Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone with an 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) are recommended. The injured worker has already exhausted the number of recommended visits for psychotherapy. Although she has continued life stressors, the therapy she has received should have provided her with identification and reinforcement of coping skills to use outside of therapy. Medical necessity for this request has not been established within the recommendations of the MTUS Guidelines. The request for Pain management group psychotherapy x 12 sessions is determined to not be medically necessary.