

Case Number:	CM14-0215952		
Date Assigned:	01/06/2015	Date of Injury:	09/03/2011
Decision Date:	02/28/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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: 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 patient is a 51 year old male who sustained a work related injury to his lower back while employed as a forklift driver and loader when he collided with another forklift on September 3, 2011. Initial X-rays at the time were within normal limits. The latest magnetic resonance imaging (MRI) on October 18, 2012 suggested broad central posterior disc extrusion at lumbar 4-5 with canal and lateral recess narrowing and right nerve root abutment. The injured worker underwent a lumbar 4-5 discectomy on November 20, 2012 followed by physical therapy with improvement in pain. Current diagnoses are radiculopathy S1 and adjustment disorder with depressed mood. The injured worker continues to experience an intermittent burning, central low back pain radiating into the right buttocks, right inguinal area and left leg with associated numbness and tingling. Current medications consist of Pepcid, Neurontin, Motrin and Cymbalta along with acupuncture therapy and behavioral pain management sessions which were deemed beneficial but insufficient quantity to provide lasting effects. The injured worker has not worked since his surgical procedure. The injured worker was declared Permanent & Stationary (P&S) as of March 10, 2014. The physician has requested authorization for pain management counseling once a week for four weeks to continue to address the psychosocial issues delaying the recovery process for the injured worker. On December 18, 2014 the Utilization Review denied certification for pain management counseling once a week for four weeks due to no specific objective improvement to date and extended time frame post injury. Since the Medical Treatment Utilization Schedule (MTUS) is silent regarding psychological intervention for chronic pain, the

Official Disability Guidelines (ODG)-Treatment & Workman's Compensation (TWC) 2014 online version was utilized in the decision process.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Counseling 1 times a week for 4 weeks: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG TWC 2014 online version; Psychological treatment

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive behavioral therapy Page(s): 23.

Decision rationale: The patient presents with lower back pain (unrated) and numbness/tingling which radiates into his left leg. Patient is status post lumbar discectomy on 11/20/12 at L5-S1. The request is for pain management counseling 1x/wk for 4 weeks. Physical examination 11/26/14 revealed tenderness to palpation lumbar paraspinal muscles, point tenderness to the L5 spinous process and an inability to heel or toe walk. The patient is currently prescribed Pepcid, Cymbalta, and Simvastatin. Patient is classified as permanently stationary. Diagnostic imaging was not included, though 11/26/14 progress note discusses findings of an MRI dated 09/03/11. MTUS Chronic Pain Medical Treatment Guidelines, page 23 states the following regarding behavioral intervention, "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." ODG, Chronic chapter, under Psychological treatment, states the following: "Up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made. (The provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate.) In cases of severe Major Depression or PTSD, up to 50 sessions if progress is being made." In this case, the treater is requesting an additional 4 sessions of pain management counseling on top of the 3 sessions already completed to help this patient cope with pain symptoms which are largely unresolved by other measures. Progress note dated 11/26/14 states: "reviewed reports which note decreased anxiety, depression, and a goal of decreasing isolative behavior... recommendation is for 4 more sessions to continue with same goals." ODG guidelines indicate that 13-20 visits with a pain psychiatrist are appropriate for those with chronic pain syndrome and depression secondary to pain. Patient has only completed 3 sessions to date, and is showing improvement, therefore a request for 4 more sessions seems reasonable. The request is medically necessary.