

Case Number:	CM14-0058589		
Date Assigned:	07/09/2014	Date of Injury:	08/09/1999
Decision Date:	05/27/2015	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	04/28/2014

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, Arizona, Maryland
Certification(s)/Specialty: Psychiatry

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 55-year-old male patient who sustained an industrial injury on 08/09/1999. A pain management visit dated 10/18/2013 reported current chief complaints of chronic lower back and bilateral lower extremity pain, neck pain to right side of shoulder to hand, and headaches. Diagnostic testing includes magnetic resonance imaging. Medications are Percocet, OxyContin, Aciphex, Ambien, Baclofen, Phentermine, Zanaflex, and Tizanidine. Current assessment noted chronic low back pain with bilateral leg pain; multilevel degenerative disc disease; myofascial pain/spasm; chronic neck pain with cervical spondylosis, right headache; NIDDM, poor sleep, reactive depression/anxiety, and left knee pain. He is diagnosed with cervical spondylosis without myelopathy; displacement lumbar disc without myelopathy; degenerative cervical intervertebral disc; degenerative lumbar lumbosacral intervertebral disc; brachial neuritis/radiculitis; unspecified myalgia, myositis and cervicalgia. The plan of care involved: continue medical management, recommending regular home exercise/physical therapy on a regular basis; urine drug screening; nerve conduction study, aquatic therapy, magnetic resonance imaging, sleep study and follow up.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Psychotherapy Session Per Week For 20 Weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 23, 100-102.

Decision rationale: California MTUS states that 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. ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain recommend screening for patients with risk factors for delayed recovery, including fear avoidance beliefs. Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone: 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) Upon review of the submitted documentation, it is gathered that the injured worker suffers from chronic pain secondary to industrial trauma and would be a good candidate for behavioral treatment of chronic pain. However, the request for One Psychotherapy Session Per Week for 20 Weeks exceeds the guideline recommendations for an initial trial and thus is not medically necessary at this time.