

Case Number:	CM14-0061812		
Date Assigned:	07/11/2014	Date of Injury:	07/24/2013
Decision Date:	05/29/2015	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	05/02/2014

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, Texas

Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction 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 56 year old female whose date of injury is 07/24/2013. She has reported injury to the head and neck and has been diagnosed with cervical headaches, cervical disc displacement, cervicobrachial syndrome, chronic pain syndrome, and post-concussion syndrome. She became unable to cope with pain and her functioning and emotional status began to decline. She became increasingly irritable and reported crying episodes. Treatment has included medical imaging, medications, heat, cold, modified work duty, and physical therapy. She currently complains of dizziness, poor balance, neck pain, and left upper extremity numbness. The treatment request included 6 sessions of pain management. Per UR of 05/02/14 this request was modified to 4 sessions. No current medical records were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Sessions Of Pain Management Counseling: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment. Decision based on Non-MTUS Citation Official disability Guidelines , Cognitive behavioral therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions 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. See also Multi-disciplinary pain programs. ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain: Screen for patients with risk factors for delayed recovery, including fear avoidance beliefs. See Fear-avoidance beliefs questionnaire (FABQ). Initial therapy for these at risk patients should be physical medicine for exercise instruction, using a 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) Page(s): 23 of 127.

Decision rationale: Per MTUS, behavioral interventions are recommended to aid in the development of coping skills. Prior UR of 05/02/14 modified a request for 6 pain management counseling sessions to four, however no evidence has been provided that these sessions have been utilized to date. Therefore, this request is not medically necessary.