

Case Number:	CM15-0013605		
Date Assigned:	02/02/2015	Date of Injury:	11/04/2011
Decision Date:	03/25/2015	UR Denial Date:	01/17/2015
Priority:	Standard	Application Received:	01/23/2015

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: 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 injured worker is a 48 year old female who sustained an industrial injury reported on 11/4/2011. She has reported radiating low back pain, poor sleep quality, increased stress and depression. The diagnoses have included organic affective syndrome; left paracentral and foraminal entrance zone protrusion of lumbar 5 - sacral 1; disc disorder; lumbar radiculopathy; hip bursitis; pain in lower leg joint; dizziness, and giddiness. Treatments to date have included consultations; diagnostic laboratory and imaging studies; trigger point injection therapy; acupuncture therapy; and medication management. The work status classification for this injured worker (IW) was noted to be permanent and stationary, is not working and is noted to be applying for a driver's license in order to start volunteer work, and hopefully employment. On 1/16/2015, Utilization Review (UR) non-certified, for medical necessity, the request, made on 1/12/2015, for a referral to a PhD pain management psychologist for evaluation for cognitive behavioral therapy and pain coping skills training. The Medical Treatment Utilization Schedule was stated to make no recommendations on this matter, and that alternative guidelines have therefore been sought with chronic Pain Disorder medical Treatment Guidelines, State of Colorado Department of labor and employment. The 1/12/2015 request for treatment was not available for my review. The 12/11/2014 PR-2 Visit Notes were available for my review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to Dr. [REDACTED] PhD for cognitive behavioral therapy and pain coping skills:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment, page 56

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines COGNITIVE BEHAVIORAL THERAPY Page(s): 23-24.

Decision rationale: Per the 10/16/14 report the patient presents with lower back pain that radiates to the bilateral lower extremities with poor sleep quality, decreased activity level and blurry vision. The current request is for REFERRAL TO DR. [REDACTED] PHD FOR COGNITIVE BEHAVIORAL THERAPY AND PAIN COPING SKILLS per the 10/22/14 RFA. The patient is not working. The MTUS guidelines on page 23-24 discuss behavioral interventions. CBT is recommended 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). The treater states on 10/16/14, This patient's delayed recovery from chronic pain and limited pain coping skills now warrants a psychological evaluation. The reports provided for review show the patient is prescribed Hydrocodone, Cymbalta, and Ibuprofen has completed EBF and is to be enrolled in the 3 month EBF aftercare program. In this case, guidelines recommend behavioral intervention and the patient is documented with chronic pain, opioid use and depression. However, guidelines support an initial trial of 3-4 visits, and this request is indeterminate. The request IS NOT medically necessary