

Case Number:	CM15-0014185		
Date Assigned:	02/02/2015	Date of Injury:	04/26/2011
Decision Date:	05/07/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/26/2015

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, 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 37 year old male, who sustained an industrial injury on 4/26/11. He reported low back pain. The injured worker was diagnosed as having status post L4-S1 transforaminal lumbar interbody fusion, cervical herniated nucleus pulposus and syrinx and depression/anxiety. Treatment to date has included lumbar spine surgery, post-operative lumbar spine physical therapy, oral pain medications including opioids and home exercise program. Currently, the injured worker complains of right sided lower back pain and right leg pain. Physical exam dated 12/8/14 revealed tenderness to palpation of midline L3 to L5 and paraspinal muscles. The treatment plan consisted of 12 additional physiotherapy sessions, prescriptions for Meloxicam and Norco and referral for psychiatric and pain psychology treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) psychiatric and pain psychology treatment: Overturned

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 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 recommends 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 and depression/anxiety symptoms secondary to the same. The injured worker could benefit from a consultation with pain psychologist for chronic pain. Thus, the request for One (1) psychiatric and pain psychology treatment is medically necessary to include one treatment with a pain psychologist.