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| Case Number: | CM15-0119125 | | |
| Date Assigned: | 06/29/2015 | Date of Injury: | 11/09/2009 |
| Decision Date: | 08/06/2015 | UR Denial Date: | 05/27/2015 |
| Priority: | Standard | Application Received: | 06/19/2015 |

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 52 year old female, who sustained an industrial injury on 11/09/09. She reported pain in her lower back after lifting a child. The injured worker was diagnosed as having lumbar radiculopathy, pain disorder associated with both psychological factors and general medical condition and adjustment disorder with mixed anxiety and depression. Treatment to date has included physical therapy, psychological sessions for pain x 6 in 2014, lumbar epidural injections, Norco and Flexeril. On 1/12/15, the treating physician noted the injured worker was walking 35 minutes 3-4 times weekly and stretching. The injured worker is taking Hydrocodone up to 3-4 times daily. This is session 4/6 of the pain management sessions. As of the behavioral medicine report dated 4/1/15, the injured worker reports trying to cut down from 3 pills to 2 pill per doctors recommendations. She is having increased pain and more intense migraines. The treating physician noted that the injured worker is walking 25-30 minutes consistently, stretching and using the pool twice weekly. This is session 6/6 of the pain management sessions. The treating physician requested an additional psychological sessions for pain management x 6 to increase activity and improve function.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychological Sessions for Pain Management Qty 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

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 has completed at least 6 psychotherapy sessions focused on CBT approach and there has been no mention of "objective functional improvement". The request for additional 6 sessions in addition to 6 sessions already completed will exceed injured worker has already exceeded the upper limit of CBT sessions for chronic pain issues per the guidelines quoted above. Request for Psychological Sessions for Pain Management Qty 6 is not medically necessary at this time.