

Case Number:	CM15-0123592		
Date Assigned:	07/08/2015	Date of Injury:	03/13/2006
Decision Date:	08/11/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/26/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 36-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of March 13, 2006. In a Utilization Review report dated May 28, 2015, the claims administrator failed to approve a request for a psychologist referral for cognitive behavioral therapy and pain skills coping training. The claims administrator referenced an office visit of May 19, 2015 and an associated progress note of May 22, 2015 in its determination. Non-MTUS Chapter 7 ACOEM Guidelines were referenced in the determination and were, furthermore, mislabeled as originating from the MTUS. The applicant's attorney subsequently appealed. In an appeal letter dated July 6, 2015, the primary treating provider (PTP) stated that he intended for the applicant to receive both a psychological evaluation and unspecified amounts of psychological treatment. In a June 13, 2015 progress note, the applicant reported ongoing complaints of low back pain, 8/10. The applicant was on Skelaxin, Desyrel, Motrin, Vicodin, and Protonix, it was reported. The applicant's BMI was 27. The applicant exhibited a visibly antalgic gait. The applicant had apparently tested positive for alcohol in December 2013, it was reported. MRI imaging of the lumbar spine and a TENS unit were endorsed. The applicant was not working with a rather proscriptive 20-pound lifting limitation in place. The note was somewhat difficult to follow and mingled historical issues with current issues. The attending provider stated that he intended for the psychological referral to include an evaluation for cognitive behavioral therapy plus unspecified amounts of pain skills coping training.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to pain management psychologist for evaluation, cognitive behavioral therapy and pain coping skills training: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7: Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23.

Decision rationale: No, the request for a referral to a pain management psychologist for evaluation, cognitive behavioral therapy, and pain skills coping training was not medically necessary, medically appropriate, or indicated here. While page 23 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that behavioral interventions such as the cognitive behavioral therapy at issue are "recommended" in the chronic pain population, to identify and reinforce coping skills, page 23 of the MTUS Chronic Pain Medical Treatment Guidelines qualifies its position by noting that up to six sessions of cognitive behavioral therapy or psychotherapy can be delivered with evidence of objective functional improvement. Here, however, the attending provider seemingly referred the applicant to a pain psychologist for open-ended, unspecified amounts of cognitive behavioral therapy and pain skills coping training. The request did not state precisely how much cognitive behavioral therapy and/or pain skills coping sessions were sought. The request, thus, as written cannot be supported owing to its ambiguous nature. Therefore, the request was not medically necessary.