MAXIMUS Federal Services

Case Number:	CM15-0128805		
Date Assigned:	07/15/2015	Date of Injury:	03/07/2013
Decision Date:	08/18/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	07/03/2015

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 65 year old male who sustained an industrial injury on 3/7/13. Behavioral medicine report dated 4/29/15 reports improvement since starting behavioral medicine sessions. He is more relaxed and has more energy. However, he has continued frustration with his pain condition. He is unable to run, climb, walk for more than 1 hour, play golf and be able to sleep 8 hours straight. He has chronic spinal pain and left knee pain. Diagnosis is chronic pain due trauma. Current pain management program consists of being mindful of pacing, walking program, heat/massage therapy with an electric device, deep breathing exercises with music, medications and eating healthier. Plan of care includes: request 6 more sessions of pain management counseling to help reduce pain level form 8/10 to 3-4/10, continue relaxation techniques and pain flare of management plan to rely less on medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Counseling, once weekly, left knee Qty: 6.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines behavioral intervention Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Psychological treatment.

Decision rationale: The patient presents with chronic spinal pain and left knee pain. The request is for PAIN Management Counseling, once weekly, left knee Qty: 6.00. The request for authorization is dated 05/07/15. EMG/NCS of the bilateral lower extremities, 01/22/15, shows abnormal EMG and nerve conduction study consistent with a chronic left L4 radiculopathy and an underlying sensory motor peripheral neuropathy. The patient has noticed several improvements since he stated the behavioral medicine services sessions. On the other hand, the patient experienced challenges with accepting his pain condition. At the end of the six BMS sessions, the patient's daily pain management program consisted of being mindful of pacing; walking program; heat/massage therapy with an electric device; deep breathing exercises with music; medications; and eating healthier. I reviewed key points regarding the pain management psycho-education that we have discussed on previous sessions. In addition, I helped him develop a flare-up management program that he can use. Patient's medications include Acetaminophen, Aspir-81, Digoxin, Humalog, Ketoprofen, Lisinopril, Lorazepam, Pacerone, Percocet, Tramadol, Travatan, Ultram and Medrox. Per progress report dated 01/30/15, the patient is retired. MTUS Chronic Pain Medical Treatment Guidelines, page 23 states the following regarding behavioral intervention, "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, Chronic chapter, under Psychological treatment, states the following: "Up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made. (The provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate) in cases of severe Major Depression or PTSD, up to 50 sessions if progress is being made." Per progress report dated 04/29/14, treater's reason for the request is "in order to have an opportunity to help [the patient] reduce him pain level from an 8 out of 10, to a 3-4 out of 10. Also, I will like to help the patient reduce the number of times he wakes up in the middle of the night, so he can sleep 30 to 60 minutes more. In addition, he is interest in learning new ways he can continue to increase his social interest and energy levels." In this case, the treater is requesting an additional 6 sessions of pain management counseling to help this patient cope with pain symptoms which are largely unresolved by other measures. ODG guidelines indicate that 13-20 visits with a pain psychiatrist/counselor are appropriate for those with chronic pain syndrome and depression secondary to pain. Review of provided medical records indicate the patient has previously attended 6 sessions of pain management counseling to date, and continued therapy could produce significant benefits. Therefore, the request is medically necessary.