

Case Number:	CM15-0141803		
Date Assigned:	07/31/2015	Date of Injury:	10/11/2011
Decision Date:	11/23/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/21/2015

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 46 year old female, who sustained an industrial injury on 10-11-11. The injured worker has complaints of neck pain, lower back pain and right knee pain, characterized her pain as aching, burning, cramping, shooting and throbbing. The injured worker rates her pain status as a 7 out of 10 on the visual analog scale and while taking medication a 6. Cervical spine range of motion is noted that revealed flexion is limited by 40%; extension is limited by 60%; right rotation is limited by 30%; left rotation is limited by 40% and there is moderate spasm and moderate tenderness along the bilateral cervical paraspinal muscles. Spurlings maneuver is mildly positive at the bilateral C4 and bilateral C5 for radicular symptomatology. Provocative loading maneuvers are mildly positive over the bilateral C4-C5 facet and bilateral C5-C6 facet for axial C-spine pain. Lumbar range of motion reveals flexion is limited by 60%; extension is limited by 60%; right rotation is limited by 50% and left rotation is limited by 60%. There is moderate spasm and moderate tenderness along the bilateral lumbar. The injured worker appears to be calm and in moderate pain and she has good communication ability. The diagnoses have included brachial neuritis or radiculitis not otherwise specified; lumbar facet syndrome; cervicgia and thoracic or lumbosacral neuritis or radiculitis, unspecified. Treatment to date has included cetirizine; anaprox; gabapentin; omeprazole; venlafaxine; zyrtec; norco; soma; lidoderm patch; lumbar nerve blocks at the bilateral L3-L4 and bilateral L4-L5 facets and post laminectomy. The original utilization review (7-8-15) non-certified the request for psychotherapy, 24 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy, 24 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress, Cognitive Behavioral Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological treatment.

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. Guidelines recommend: 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 injured worker suffers from neck pain, lower back pain and right knee pain. Upon review of the submitted documentation, it is gathered that the injured worker has had at least 4 psychotherapy sessions focused on CBT approach and there has been no mention of "objective functional improvement". The request for Psychotherapy, 24 sessions exceeds the guideline recommendations for Psychological treatment of chronic pain and thus is not medically necessary.