

Case Number:	CM15-0023443		
Date Assigned:	02/13/2015	Date of Injury:	07/10/2014
Decision Date:	04/14/2015	UR Denial Date:	01/17/2015
Priority:	Standard	Application Received:	02/09/2015

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
 Certification(s)/Specialty: Psychologist

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 44-year-old female who reported injury on 07/10/2014. The mechanism of injury was a motor vehicle accident. The injured worker was noted to begin psychotherapy in 11/2014 for post-traumatic stress disorder. The injured worker was noted to have approximately 6 sessions. The documentation of 01/08/2015 revealed the injured worker had complaints of low back and neck pain. The injured worker was noted to have previously been recommended for aquatic rehabilitation and a spine surgery referral due to persistent numbness in her lower extremities. The injured worker indicated she felt quite frustrated and upset, and felt markedly worse. The injured worker identified her pain at such a level; she was no longer able to continue with scheduled pain psychology visits. The surgical history was stated to be none. The medications included naproxen 500 mg tablets, Norco 10/325 mg tablets, and paroxetine 40 mg tablets. The physical examination revealed the injured worker had difficulty getting out of a chair and ambulated poorly. The injured worker had marked tenderness to palpation. The injured worker was wearing a lumbar corset. The injured worker had a negative straight leg raise bilaterally, although noted low back pain with left sided straight leg raise. The injured worker was noted to be emotional and crying throughout most of the evaluation. The diagnoses included degeneration over the cervical and lumbar intervertebral discs. The treatment plan included a reintegration into pain psychology.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional 6 sessions of pain psychology for chronic cervical and lumbar spine pain:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 100.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 101, 102.

Decision rationale: The California Medical Treatment Guidelines recommend psychological treatments for injured workers with chronic pain. Cognitive behavioral therapy and self-regulatory treatments have been found to be effective. Psychological treatment incorporated into pain treatment has been found to have a positive short-term effect on pain interference and long-term effect on returning to work. When pain is sustained in spite of continued therapy, intensive care may be required from mental health professionals, allowing for a multidisciplinary treatment approach. The clinical documentation submitted for review indicated the injured worker had previously undergone pain psychology. There was a lack of documentation of objective functional benefit that was received from prior therapy. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. Given the above, the request for additional 6 sessions of pain psychology for chronic cervical and lumbar spine pain is not medically necessary.