

Case Number:	CM15-0069260		
Date Assigned:	04/16/2015	Date of Injury:	05/11/2006
Decision Date:	05/18/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/13/2015

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, Pain Management

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 62 year old female, who sustained an industrial injury on 05/11/2006. The initial complaints or symptoms included low back pain followed by neck and shoulder pain. The initial diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, conservative therapies, lumbar (L4-L5) fusion, MRIs, electrodiagnostic testing, and injections. Currently, the injured worker complains of increasing neck, bilateral trapezius, low back, and right buttock pain (rated 8/10 without medications and 5/10 with medications), as well as difficulty sleeping at night and fatigue. The injured worker reported that her TENS (Transcutaneous Electrical Nerve Stimulation) unit helps somewhat with her pain, but she avoids activity due to the increased pain. The diagnoses include degenerative disc disease (unspecified site), low back pain syndrome (status post lumbar fusion), muscle pain, chronic pain syndrome, lumbar degenerative disc disease, lumbar radiculitis, spinal stenosis of the cervical spine, cervical radiculitis, degenerative disc disease of the cervical spine, and neck pain. The treatment plan consisted of 6 sessions of cognitive behavioral therapy for chronic pain management. A progress report dated March 11, 2015 indicates that the patient has anxiety, depression, and insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 sessions of Cognitive behavioral therapy for chronic pain management: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs Page(s): 30-31.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 100-102 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain, Behavioral Interventions.

Decision rationale: Regarding the request for 6 sessions of Cognitive behavioral therapy for chronic pain management, Chronic Pain Medical Treatment Guidelines state that psychological evaluations are recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected using pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are pre-existing, aggravated by the current injury, or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. ODG states the behavioral interventions are recommended. Guidelines go on to state that an initial trial of 3 to 4 psychotherapy visits over 2 weeks may be indicated. Within the documentation available for review, there are subjective complaints of psychological issues as well as objective evidence of depression. Guideline support 3-4 psychotherapy sessions as a trial. However, the currently requested successions exceeds the number recommended by guidelines as a trial. Unfortunately, there is no provision to modify the current request. As such, the currently requested 6 sessions of Cognitive behavioral therapy for chronic pain management are not medically necessary.