

Case Number:	CM15-0070074		
Date Assigned:	04/17/2015	Date of Injury:	02/12/2009
Decision Date:	05/19/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/14/2015

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 52 year old male who sustained an industrial injury on 02/12/09. Initial complaints and diagnoses are not available. Treatments to date include medications, weight loss, independent pool program, home exercises. Diagnostic studies are not addressed. Current complaints include low back pain radiating down both legs. Current diagnoses include lumbar strain and degenerative disc disease. In a progress note dated 02/25/15 the treating provider reports the plan of care as psychiatry and pulmonary consultations, follow-up with primary care physician, psychology pain counseling, and medications including Anaprox, omeprazole, Viagra, Methocarbamol, and Ultram. The requested treatment is psychological pain counseling.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 sessions of Psychology pain counseling: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain, Behavioral Interventions.

Decision rationale: Regarding the request for psychology pain counseling, 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, the patient has already undergone 52 sessions of psychotherapy treatment with "some benefits." It is unclear how 6 additional sessions of psychotherapy for pain counseling would benefit the patient at this time. In the absence of clarity regarding those issues, the currently requested psychological evaluation is not medically necessary.