

Case Number:	CM15-0073945		
Date Assigned:	04/24/2015	Date of Injury:	05/30/2007
Decision Date:	06/11/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/17/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 45 year old male who sustained an industrial injury on 05/30/2007. Diagnoses include major depressive disorder, panic disorder, chronic pain disorder, generalized anxiety disorder, sleep disorder, and lumbar lumbosacral disc degeneration. Treatment to date has included diagnostic studies, medications, thermacare heat wraps, cognitive behavioral therapy sessions, and psychotherapy. A physician progress note dated 03/09/2015 documents the injured worker complains of intense pain levels in his back. The injured worker is recognizing the importance of doing his flare-up management program particularly to manage his temper/anxiety, and depressed mood. He has been communicating more with his family about his pain and his wife has been more supportive. He does feel anxious about the idea of not having his medication and possibly ending up in the psychiatric hospital. He practiced a series of ongoing exercises where the injured worker synchronized a series of circular hand movements with his breathing. Treatment requested is for 6 sessions of pain management counseling.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 sessions of pain management counseling: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 400-401. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, stimulators, chronic pain program Page(s): 30, 38.

Decision rationale: According to the guidelines, counseling is recommended prior to use of a pain stimulator, those undergoing Bier's Block and CRPS. In this case, the claimant is not undergoing the above interventions. In addition, the claimant is undergoing breathing exercises, in depth CBT and relaxation techniques. The claimant had undergone 4 sessions of CBT. The guidelines, recommend a trail of 10 visits and treatment not to exceed 2 weeks. The actual request was for 6 x/week for 6 weeks. The request exceeds the guideline recommendations and is not medically necessary.