MAXIMUS Federal Services

Case Number:	CM15-0076445		
Date Assigned:	04/28/2015	Date of Injury:	12/11/2012
Decision Date:	05/26/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/21/2015

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: Massachusetts
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 41-year-old female, who sustained an industrial injury on 12/11/2012. According to a psychology progress report, session 2 of 6, dated 03/13/2015, the injured worker was experiencing mood and anxiety symptoms, which were exacerbating her experience of pain. Her lack of acceptance of her pain condition was contributing to her distress and limiting her function. The provider noted that her mood symptoms were also likely to get worse as her stressors get worse and that building her acceptance will be critical in moving her away from biomedical interventions and more towards active coping strategies. Diagnoses included pain disorder with psychological factors and general medical condition, major depressive disorder single episode moderate, panic disorder with agoraphobia, chronic pain condition and difficulty in managing healthcare issues. Currently under review is the request for 6 pain coping skills classes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain coping skills class qty: 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101-102. Decision based on Non-MTUS Citation Official Disability Guidelines Mental Illness and Stress Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) - Psychological treatment.

Decision rationale: The claimant sustained a work injury in December 2012 and continues to be treated for chronic low back pain. A lumbar decompression and fusion has been recommended. She is also being treated for moderate major depressive disorder and panic disorder with agoraphobia. Active treatments include individual psychotherapy sessions. As of 03/27/14, she had completed four sessions and had a worsening of her mood and depression. Psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. Guidelines allow 13 - 20 individual sessions over 7 - 20 weeks, if progress is being made. In this case, when requested, the claimant had only completed four of eight treatment sessions. The number of additional sessions being requested is in excess of what would be required to determine whether treatments were likely to be effective. This request is not medically necessary.