

Case Number:	CM15-0097543		
Date Assigned:	05/28/2015	Date of Injury:	03/21/2001
Decision Date:	07/03/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	05/20/2015

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: 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 57 year old male with an industrial injury dated 03/21/2001. His diagnoses included chronic pain, spondylosis, and lumbar/lumbosacral, without myelopathy; myofascial pain, lumbar radiculitis and encounter for long term (current) use of high risk medications. Prior treatment included diagnostics, physical therapy, medial branch blocks, trigger point injections, TENS unit, counseling and medications. He presents on 03/26/2015 with complaints of low back pain radiating to the right testicle, down the back of leg to the knee. The pain is improved by ice, medications, lying down, massage, position change, rest, trigger point injections and TENS. He was approved for 12 more sessions of counseling but they recently expired. He had some transportation issues and had to reschedule or cancel some of his appointments. He states the pain is worse than last visit. Physical exam noted the injured worker was pleasant and in no acute distress, moved all extremities well and had normal psychological effect. His medications included Kadian, Doxazosin, Miralax, Allopurinol, Lunesta, Gabapentin and Tizanidine. The provider documents Montana, Prescription Drug Registry was consistent. Treatment plan was a request for counseling for chronic pain 8 sessions over one year.

IMR ISSUES, DECISIONS AND RATIONALES

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

Counseling for Chronic Pain, 8 sessions over 1 year: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

Decision rationale: Based on the review of the medical records, the injured worker continues to experience chronic pain since his injury in 2001. It appears that the injured worker received authorization in January 2015 for 12 psychotherapy sessions to help him learn to manage and cope with his chronic pain. However, it was noted within the records that the injured worker was unable to complete all of the authorized sessions prior to their expiration as a result of transportation issues. The number of sessions that were completed nor the injured worker's progress from those sessions are unknown as there are no psychological records included for review. Unfortunately, without any documentation about completed treatment, the need for an additional 8 sessions cannot be determined. As a result, the request for an additional 8 psychotherapy sessions is not medically necessary.