

Case Number:	CM15-0099718		
Date Assigned:	06/02/2015	Date of Injury:	10/20/2013
Decision Date:	07/08/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/25/2015

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, Arizona, Maryland
Certification(s)/Specialty: Psychiatry

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 48 year old male who sustained an industrial injury on 10/20/13. The injured worker was diagnosed as having thoracic spine sprain/strain, lumbosacral sprain/strain, cervical radiculitis, lumbar radiculitis and bilateral hip sprain/strain. Currently, the injured worker was with complaints of pain in the neck, back and hips. Previous treatments included chiropractic treatments, orthopedic consultation, medication management and cognitive behavioral therapy. The plan of care was for pain psychology session.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) additional sessions of pain psychology 1 x 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): (s) 23, 100-102.

Decision rationale: California MTUS states that behavioral interventions are recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain

than ongoing medication or therapy, which could lead to psychological or physical dependence. ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain, recommends screening for patients with risk factors for delayed recovery, including fear avoidance beliefs. Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks. If lack of progress from physical medicine alone: Initial trial of 3-4 psychotherapy visits over 2 weeks, with evidence of objective functional improvement, total of up to-6-10 visits over 5-6 weeks (individual sessions). Upon review of the submitted documentation, it is gathered that the injured worker has had at least 6 psychotherapy sessions so far. The request for Six (6) additional sessions of pain psychology 1 x 6 weeks would exceed the upper limit of CBT sessions for chronic pain issues per the guidelines quoted above. Thus the request for 6 additional sessions of pain psychology is not medically necessary.