

Case Number:	CM13-0013431		
Date Assigned:	06/06/2014	Date of Injury:	03/09/2011
Decision Date:	07/29/2014	UR Denial Date:	07/18/2013
Priority:	Standard	Application Received:	08/19/2013

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. The expert reviewer is Board Certified in Psychology and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 47-year-old female, who reported an injury on 03/09/2011, from an unknown mechanism of injury. The injured worker had a history of increased pain to the left shoulder and Norco was not working well and was causing upset stomach. Upon examination on 05/24/13, the injured worker's exam of the left shoulder revealed tenderness to palpation, active abduction to 40 degrees, passive abduction to 40 degrees, active forward flexion to 70 degrees, passive forward flexion to 70 degrees, active external rotation at 90 degrees of abduction was 45 degrees, and passive external rotation at 90 degrees of abduction was 45 degrees. There was no swelling, or deformity noted. Active and passive external rotation at 0 degrees of abduction was normal of the left shoulder. The injured worker had diagnoses of joint pain in shoulder region acromioclavicular (AC) joint, lateral epicondylitis (tennis elbow) right, predominant disturbance of emotions, reflex sympathetic dystrophy, unspecified, and sympathetic dystrophy of upper limb. The diagnostic studies were not included within the documentation. The injured worker's surgical history was not included in the documentation. Prior treatments included shoulder/arm sling, ice and heat to the shoulder, Toradol 60mgs IM (intramuscular) times one, physical therapy, home exercises, and medications. Medications included Cymbalta 30mg once a day, Depakote 250mg three times a day, Hydrocodone-Acetaminophen 10-325mg twice a day, Lyrica 100mg once a day, Lyrica 150mg once a day every morning, and Meloxicam 7.5mg once a day. The injured worker was seen for counseling for emotional ups and downs related to her chronic pain and reflex sympathetic dystrophy. The treatment request is for mental health therapy once a week for four weeks for counseling. The request for authorization was not provided within the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mental health therapy, one time a week for four weeks, for counseling: 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 Behavioral interventions Page(s): 23.

Decision rationale: The request for mental health therapy once a week for four weeks for counseling is non-certified. The injured worker has a past history of right shoulder pain. The California MTUS guidelines state 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. The MTUS guidelines recommend 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 a cognitive motivational approach to physical medicine. Consider separate psychotherapy cognitive behavioral therapy (CBT) referral after four weeks if there is a lack of progress from physical medicine alone. The MTUS guidelines recommend an initial trial of three to four psychotherapy visits over two weeks, and with evidence of objective functional improvement, a total of up to 6-10 visits over five to six weeks (individual sessions). The injured worker previously received counseling; however, the total number of completed counseling visits was not provided within the documentation. The injured worker's response to the previous visits was not provided within the documentation. There is lack of documentation indicating the injured worker had significant improvement with the prior therapy. The requesting provider did not include documentation of adequate testing to demonstrate whether the injured worker experienced significant improvement. Also, there is lack of evidence that the treatment is helping with the injured worker's coping skills. As such, the request for mental health therapy once a week for four weeks for counseling is non-certified.