

Case Number:	CM13-0027475		
Date Assigned:	11/22/2013	Date of Injury:	02/07/2004
Decision Date:	07/25/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	09/20/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in California. 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:

According to the medical records, this is a patient who is a 55 year-old fuel tank driver who sustained multiple injuries on 2/7/2004 while moving a hose. Medications include Norvasc, Lisinopril, Ursodial, dyclonine, simvastatin, amitriptyline, Lexapro, Lidoderm patches, Duragesic patch, Percocet, and Valium. Treatment include C5-6 cervical epidural on 5/30/13 by [REDACTED]. A 3/20/13 electrodiagnostic studies by [REDACTED] shows: mild chronic C5-6 root pathology, left ulnar motor nerve pathology at elbow, left wrist median motor neuropathy. A 8/29/13 exam showed subjective complaints of pain 7/10 at bilateral shoulders radiating into bilateral medial/lateral elbows, hands and digits. Pain was constant dull aching, burning sensation with intermittent sharp stabbing pain. Pain increases with lifts, pushes, pulls, gripping and grasping objects of significant weights. Patient uses Duragesic patch and oral Percocet. This patient would like to add Cervical epidural that decreases pain 40%. This patient would like to see a psychologist for psychotherapy because he cannot have prolonged sitting, standing, or participate in extra curricular activities. A 9/16/13 utilization review noted that guidelines state the behavioral interventions are recommended with identification and reinforcement of coping skills which is more useful in the treatment of pain than ongoing medication or therapy that could lead to psychological or physical dependence. Patient should be screened for delayed recovery risk factors including fear avoidance beliefs. Documentation fails to indicate the patient was screened for delayed recovery using Fear-Avoidance Beliefs Questionnaire and it fails to indicate exceptional factors to warrant non-adherence to guidelines recommendations. The request for psychotherapy is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

36 PSYCHOTHERAPY SESSIONS: Upheld

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

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

Decision rationale: According to California MTUS guidelines, Behavioral intervention is recommended 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. The available medical records do not document fear avoidance beliefs, failure of previous physical medicine for exercise instruction, or that the claimant has failed anti-depressant or anti-anxiety medications. Therefore, the medical necessity has not been established.