

Case Number:	CM13-0039400		
Date Assigned:	12/18/2013	Date of Injury:	02/18/2012
Decision Date:	03/12/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/28/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management 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 physician 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 patient is 52-year-old female who reported injury on 02/18/2012. The mechanism of injury was stated to be the patient had an accident with a skill saw, amputating the volar oblique tip of her left index finger. The patient was noted to undergo an extensive debridement and primary repair and closure of the left index finger on the day of the injury. The patient was noted to have persistent left index pain. The patient was noted to undergo cognitive behavioral therapy. The patient indicated in session #4 that the left arm was feeling shaky, hot, cold, and her fingers hurt. The patient expressed concern regarding her right shoulder pain which felt extremely cold inside. The patient indicated that she had pain of an 8/10, saying she felt strong pulsations. She further indicated she does not have strength to even carry a salad bowl in the left hand; she grabs things and they drop. The patient was noted to have a lot of neck pain. The treatment plan was noted to include continued cognitive behavioral therapy/psychotherapy and skill development. Additionally, there was a request made for an enrollment in a multi-disciplinary pain rehabilitation program with 20 full-day sessions. The patient's diagnosis was noted to be chronic pain syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 4 cognitive behavioral therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress

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

Decision rationale: California MTUS Guidelines indicate that cognitive behavioral therapy is appropriate with an initial trial of 3 to 4 psychotherapy visits over 2 weeks; and, with evidence of objective functional improvement, a total of up to 6 to 10 visits over 5 to 6 weeks. The clinical documentation submitted for review failed to provide the patient had objective functional improvement after 4 visits. There was a lack of documentation of exceptional factors to warrant further treatment. Given the above, the prospective request for 4 cognitive behavioral therapy sessions is not medically necessary.

Prospective request for 20 multidisciplinary pain rehabilitation program sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Program, Functional Restoration Program Page(s): s 30-32.

Decision rationale: California MTUS Guidelines indicate that the criteria for entry into a functional restoration program includes an adequate and thorough evaluation that has been made including baseline functional testing so follow-up with the same test can note functional improvement, documentation of previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement, documentation of the patient's significant loss of the ability to function independently resulting from the chronic pain, documentation that the patient is not a candidate for surgery or other treatments would clearly be warranted, documentation of the patient having motivation to change and that they are willing to forego secondary gains including disability payments to effect this change, and negative predictors of success has been addressed. Additionally it indicates the treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The clinical documentation submitted for review failed to indicate the patient had an adequate and thorough evaluation including baseline functional testing, so followup with the same test could note functional improvement. There was a lack of documentation indicating the patient met criteria for entrance into the program. Additionally, treatment is not recommended for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. Given the above, and the lack of documentation, the prospective request for 20 multidisciplinary pain rehabilitation program sessions is not medically necessary or appropriate.

