MAXIMUS Federal Services

Case Number:	CM13-0044827		
Date Assigned:	12/27/2013	Date of Injury:	03/04/2011
Decision Date:	07/24/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	10/29/2013

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 41-year-old female who reported an injury on 03/04/2011. The mechanism of injury was noted to be using her index finger and middle fingers to push a 3 pound laser causing a sharp pain and numbness in her fingers to her neck. Her prior treatments were noted to be physical therapy, chiropractic therapy, acupuncture, a wrist brace, and cervical stellate ganglion blocks. Her diagnosis was noted to be complex regional pain syndrome of the right upper extremity and depression. The most recent clinical evaluation is a neurological evaluation dated 04/15/2013. It is noted that the injured worker complains of headaches and is rated a 4 on a 1 to 10 scale. She described constant pain to both sides of her neck radiating to her hand. She complained of right upper extremity pain associated with numbness, tingling, weakness, coldness, grip loss, cramping, and spasms. She noted intermittent upper back pain, radiating to her shoulders, associated with stiffness and spasms. The physical examination noted tenderness on the right arm, mild swelling of the right hand. There was allodynia with discoloration. It was noted her right arm and hand was slightly colder than the left side. The motor examination noted weakness of the right upper extremity. No atrophy was noted. There was mild postural tremor of the right upper extremity. Deep tendon reflexes were symmetrical and 2+ bilaterally, including biceps, triceps, brachial radialis, knee jerks and plantar reflexes that were downgoing. There was no evidence for Hoffman's sign or ankle clonus. The right upper extremity examination was consistent with complex regional pain syndrome. Mobilization, physical and occupational therapy for the right upper extremity was included in the treatment plan. Regarding the injured worker's depression, it was suggested she see psychotherapy. The provider's rationale for the request was indicated in a clinical treatment plan and a neurological evaluation dated 04/15/2013. The Request for Authorization for medical treatment was not submitted within the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCHOTHERAPY TREATMENT 1 TIME 20 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19-23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS Page(s): 39-41.

Decision rationale: The request for psychotherapy treatment 1 time for 20 weeks is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines indicate psychotherapy as part of a rehabilitation process for injured workers suffering from complex regional pain syndrome. The guidelines indicate psychological treatment should be focused on improved quality of life, development of pain coping skills, cognitive behavioral therapy, and improving facilitation of other modalities. The early stages of treatment should be focused on education and then the next steps should be focused on a clinical psychological assessment after 6 to 8 weeks to identify stressors, and identify comorbid psychiatric disorders such as depression, anxiety, panic and post-traumatic stress. Within the documentation provided for this review, it is noted the injured worker has already been diagnosed with depression. It is noted she has already attended psychotherapy and it is not providing any efficacy. The injured worker's medications are Cymbalta and Norco. The guidelines indicate pharmacological interventions such as antidepressants; particularly amitriptyline and anti-consultants such as gabapentin. In addition the injured worker has not failed NSAID's or opioids that the guidelines indicate for treatment of complex regional pain syndrome. Due to lack of failure of conservative care, lack of efficacy of prior psychotherapy treatment, and lack of additional change or reasonable objective data to warrant more psychotherapy treatments; the request for psychotherapy treatment 1 time for 20 weeks is not medically necessary.