

Case Number:	CM13-0052012		
Date Assigned:	12/27/2013	Date of Injury:	07/19/2002
Decision Date:	03/24/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/15/2013

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 Physical Medicine & Rehabilitation 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 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 reported an injury on 07/19/2002. A review of the medical records reveals the patient's diagnoses include pain in joint involving hand, degenerative disc disease cervical, pain in joint involving shoulder region, cannabis dependence, continuous use, chronic pain due to trauma, depression/anxiety, degenerative disc disease in the lumbar spine, and chronic gastric ulcer without mention of hemorrhage. The patient has previously received 12 psychotherapy sessions. The patient complains of right hand and wrist pain, which he describes as moderate. The patient states his symptoms occur constantly and aggravating factors include daily activities, lifting, and pushing. Neurological and psychiatric examination revealed the patient was positive for anxiety, depression, extremity weakness, and numbness in the extremities. The patient denied dizziness, gait disturbance, headache, memory impairment, seizures and tremors, and insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 sessions with a psychologist for follow-up treatments: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: Per California MTUS Guidelines, it is stated that recommendation of up to 10 sessions total for psychotherapy individual sessions with improvement documented after an initial trial of 4 sessions. The patient has previously attended 12 psychotherapy sessions, and continues to have significant complaints of anxiety and depression. The clinical information provided does not report any significant change in the patient's condition. The requested service is for 6 additional psychotherapy visits to which the patient has already exceeded with prior 12 psychotherapy sessions. The medical necessity for the requested service cannot be determined at this time and the request for six sessions with a psychologist for follow-up treatments is non-certified.

1 functional restoration program consultations: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30-32.

Decision rationale: Per California MTUS Guidelines, it is stated that the patient must meet certain criteria in order to proceed with functional restoration consultation. The patient has not had an adequate and thorough evaluation with baseline functional testing included. Guidelines also state that the patient needs to exhibit motivation to change and is willing to forego secondary gains, including disability payments to affect the change. There is no documentation provided in the medical records to suggest that the patient is motivated to change, and willing to forego secondary gains, particularly the patient's diagnosis cannabis dependence, continuous use. Due to all criteria recommended for the use of a functional restoration program not being met with the information provided in the medical records the medical necessity for the requested service cannot be determined at this time and the request for one functional restoration program consultations is non-certified.