

Case Number:	CM13-0059699		
Date Assigned:	12/30/2013	Date of Injury:	08/26/2011
Decision Date:	04/01/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/02/2013

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 licensed in Psychology 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:

The patient is 38-year-old male who sustained a low back injury on 8/26/11. He fell off of a ladder onto a concrete slab. In a report dated 10/31/13, [REDACTED] diagnosed him with status post 8/26/11 work-related low back injury, status post 11/15/11 I&D of a right hip hematoma, right lower extremity complex regional pain syndrome with possible centralization/spread to other limbs, hypertension, pain and anxiety induced, psychiatric comorbidity, severe, and chronic pain syndrome. On 3/13/13, [REDACTED] diagnosed the patient with major depressive disorder without psychotic features, anxiety disorder NOS, and pain disorder with both psychological factors and medical factors. On 3/29/13, [REDACTED] reports that he aligns with [REDACTED] in stating that he sees little else that he is able to offer the patient at this point. He notes he is entering what he believes to be the third month of concurrent treatment with [REDACTED]. In a HELP treatment progress report, dated 5/9/13, the patient is diagnosed with probable complex regional pain syndrome type 2 (sciatic causalgia), possible somatoform pain disorder, possible conversion disorder, sexual dysfunction, multiple medication intolerances, and mild depression. Current treatment is noted to be 5 months of HELP remote care with weekly goal setting and follow-up and HRC initiated - 07/26/12; re-initiated 12/10/12. Treatment completed to date is listed as a comprehensive full-day evaluation by a interdisciplinary team - 06/06/12, Pre-HELP day treatment program in [REDACTED] treatment center - 06/12/12 to 06/15/12, [REDACTED] - 10/29/12 to 11/03/12, and in-office interdisciplinary reassessment 09/12/12. Treatment recommendation includes an in-office interdisciplinary reassessment to determine appropriate recommendations. In a report dated 10/31/13, [REDACTED] notes the patient reports constant right leg pain and is unable to stand or touch or use his right leg. He has paresthesias in the leg and it is worse with any type of movement. He is unable to stand or use a commode and is

unable to push himself in a wheelchair. His neck pain radiates up both arms and up to his head. He has bilateral shoulder pain which is worse with any movement. His right hand is becoming numb and weak and is hypersensitive to the touch and movement of any type increases his pain. He is diagnosed with right leg pain/CRPS, neck pain radiating to the head and arms, bilateral shoulder pain, and right wrist pain. [REDACTED] recommends 10 sessions with a psychotherapist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual psychotherapy sessions (10 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 Psychological Treatments and Interventions Page(s): 23, 30-33, 100-102.

Decision rationale: In this complex case, the patient appears to have had extensive treatment, with no apparent reduction in symptoms or functional improvement. He also has been given multiple and differing psychiatric diagnoses. Without any psychiatric diagnostic consensus and no discussion regarding the specific symptoms targeted and psychotherapeutic treatment goals, it is not clear how the requested 10 sessions of psychotherapy will benefit this patient. Without further clarity about the patient's condition, the requested services are not medically necessary and appropriate.