MAXIMUS Federal Services

Case Number:	CM13-0072762		
Date Assigned:	06/25/2014	Date of Injury:	04/10/2013
Decision Date:	07/29/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	12/31/2013

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 50-year-old female who reported injury on 4/10/13. The mechanism of injury was not provided for review. The injured worker complained of lower back pain, left lower extremity pain, and left shoulder pain. There was no measurable pain documented in submitted report. Examination of the lumbar spine revealed that range of motion was restricted with flexion limited to 75 degrees, and extension limited to 12 degrees. Right lateral bending was limited to 20 degrees, and left lateral bending was limited to 20 degrees. Palpation of the paravertebral muscles revealed tenderness to both sides. Lumbar facet loadings were positive on both sides. Ankle jerk revealed 0/4 on both sides. Patellar jerk was 0/4 on both sides. Examination of the left shoulder revealed that movements were restricted with flexion limited to 140 degrees, abduction limited to 130 degrees, internal rotation behind body limited to 60 degrees, and external rotation limited to 60 degrees. On palpation, tenderness was noted in the acromioclavicular joint, biceps groove, carotid process, glenohumeral joint, greater tubercle of humerus, and subdeltoid bursa. An MRI dated 6/26/13 revealed mild atrophy of the acromioclavicular joint with mild encroachment upon the anterior musculotendinous junction of the supraspinatus muscle. The infraspinatus tendon demonstrated mild interstitial tears. There was a superior labral tear with abnormal signal identified within the proximal long head of the biceps tendon. There was no evidence of a full-thickness rotator cuff tear. The injured worker has diagnoses of left shoulder pain, left foot pain, and low back pain. The injured worker has undergone lumbar radiofrequency ablation, physical therapy, medial branch blocks, and medication treatment. Medications include Butrans 5 mcg, Astelin NS, Norco 5/325 mg, trazodone 50 mg, Voltaren 1% gel, and flexeril 10 mg. The frequency and duration of these medications were not noted in submitted reports.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral pain management psychologist for evaluation/for cognitive-behavioral therapy and pain-coping skills training, QTY: 1: 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 Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state that the identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. The Official Disability Guidelines also recommend screenings for patients with risk factors for delayed recovery, including fear avoidance. Initial therapy for these at-risk patients should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine, consider psychotherapy cognitive behavioral therapy referral after four weeks if lack of progress from physical medicine alone. The MTUS Guidelines recommend an initial trial of 3-4 psychotherapy visits over two weeks; with evidence of objective functional improvement, a total of up to 6-10 visits over 5-6 weeks may be recommended. Progress notes dated 2/6/14 state that the injured worker had no changes in pain. There are no new problems or side effects. She was not trying any other therapies for pain relief. She denied any injuries since last doctor's visit. The injured worker also stated to be continuing her medication treatment as prescribed. She stated that the medications were working well. No new side effects to be reported. She also stated that she experienced over 50% relief from LMBB dated 1/22/14. The submitted report lacked evidence regarding any psychological deficits the injured worker might have. The report failed to have a psychological assessment submitted for review. The available information received did not provide compelling reasons to override cited guidelines that are not supported at this time. As such, the request is not medically necessary.