

Case Number:	CM14-0004562		
Date Assigned:	02/05/2014	Date of Injury:	10/09/2003
Decision Date:	06/20/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	01/13/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 55 year old female who reported an injury on 10/09/2003 due to an unknown mechanism. The clinical note dated 01/13/2014 indicated diagnoses of lumbar radiculopathy/degenerative disc disease, left C6 radiculopathy, left shoulder impingement syndrome and sympathetic mediated pain in the upper extremities. The injured worker reported neck and back pain, and left carpal tunnel pain. The injured worker reported she received an injection to her left hand and wrist which she reported helped somewhat. The injured worker reported the spinal cord stimulator was helpful to her right upper and lower extremities and low back. The injured worker reported she continued to have numbness and tingling in her right arm and pain radiating to the neck right scapula, right upper extremity, left shoulder and elbow. On physical exam, the injured worker had mild depressive symptoms. The neck and cervical spine range of motion findings were right rotation 30% of normal, left rotation 40% of normal, forward flexion 80% of normal and extension 10% of normal. The injured worker had tenderness upon palpation over the upper trapezius muscles, rhomboids. The injured worker's ankle dorsiflexors, evertor's and knee flexors were pain limited at 4+. The injured worker reported previous psychology sessions were helpful and she had decreased depressive symptoms and ability to manage her pain. The clinical note indicated the injured worker participated in aqua therapy. The injured worker's medication regimen included Norco, NSAIDs, Lexapro, Colace, Omeprazole, Metformin, Flonase and Benadryl. The request for authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 PAIN PSYCHOLOGY SESSIONS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavior Therapy guidelines for chronic pain Page(s): 23.

Decision rationale: The request for 8 pain psychology sessions is not medically necessary. The injured worker was noted to have mild depressive symptoms upon examination. The injured worker reported previous psychology sessions were helpful and she had decreased depressive symptoms and ability to manage her pain. The California MTUS guidelines recommend a psychotherapy referral after a 4 week lack of progress from physical medicine alone. An initial trial of 3-4 psychotherapy visits over two weeks would be recommended, and with evidence of objective functional improvements, a total of up to 6-10 visits over 5-6 weeks would be recommended. The requesting physician did not include an adequate psychological assessment including quantifiable data in order to demonstrate significant psychological deficits which would require therapy as well as establish a baseline by which to assess improvements during therapy. In addition it was unclear as to how many sessions of psychological therapy the injured worker completed and the desired effects of the psychological therapy, therefore, per the California MTUS guidelines, the request for 8 pain psychology session is not medically necessary.