

Case Number:	CM14-0006444		
Date Assigned:	01/24/2014	Date of Injury:	12/08/2010
Decision Date:	06/24/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/17/2014

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 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 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 a 43-year-old male who has submitted a claim for T12 spinal cord injury Asia A neuropathic pain right shoulder (rotator cuff tear), bilateral carpal tunnel, and depression, anxiety, adjustment disorder associated with an industrial injury date of December 8, 2010. Medical records from 2013-2014 were reviewed, the latest of which dated January 16, 2014 provided supplemental psychological report. The patient expresses frustration for the changes he is facing due to physical limitations. He felt at lost as he had poor control of his hands, experienced sleeping problems which are aggravated by his physical condition. He complained about intense pain in his legs and his sexual life has been affected by his physical condition. He felt helpless and hopeless about recovery and having to depend on others. He was still not able to accept his disabling condition. The patient's mental status was depressed, pessimistic, irritable and easily upset. Affect was restricted. In a clinical evaluation done last December 10, 2013 revealed that the patient performs wheelchair mobility at the manual level at home and power wheelchair level in the community. He reports that most transfers are independent unless having significant pain. He requires assistance to get into the tub but bathes independently. He dresses independently unless having significant pain. The patient has neuropathic pain. Injection into scar tissue resulted to pain lower for first few days then returned to baseline. The patient worked with a psychiatrist for mood and adjustment to disability. Injections provided some relief for bilateral carpal tunnel syndrome. On physical examination, there was slight limitation in range of motion of bilateral shoulders and hips. Motor strength of lower extremities was 0/5. Last intact sensory level is at T12 bilaterally. Muscle tone was Ashworth I in the bilateral lower extremities. Treatment to date has included T9-L3 posterior spinal instrumentation and fusion (December 2010), right shoulder rotator cuff tear (4/27/12), electrodiagnostic studies of bilateral hand (10/112), psychotherapy 10 sessions from March-August 2013, home exercise program,

and medications which include OxyContin, Dilaudid, Neurontin, Cymbalta, Xanax, and Oxytrol Transdermal. Utilization review from December 18, 2013 denied the request for additional 12 Neuropsychotherapy Sessions because there are no prior psychotherapy notes submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL 12 NEUROPSYCHOTHERAPY SESSIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 9792.24.2, Page(s): 19-23.

Decision rationale: According to pages 19-23 of the Chronic Pain Medical Treatment Guidelines, behavioral modifications are recommended for appropriately identified patients during treatment for chronic pain to address psychological and cognitive function and address co-morbid mood disorder. The guidelines go on to recommend an initial trial of 3-4 psychotherapy visits over 2 weeks and with evidence of functional improvement, a total of 6-10 visits over 5-6 weeks. In this case, the patient already had 10 sessions psychotherapy from March-August 2013 and was responsive to the treatment. Additional psychotherapy will exceed guideline recommendations. Therefore, the request for additional 12 Neuropsychotherapy Sessions is not medically necessary.