

Case Number:	CM14-0106901		
Date Assigned:	08/01/2014	Date of Injury:	02/24/2011
Decision Date:	09/24/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	07/10/2014

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 a Licensed Psychologist 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 54-year-old female who reported an injury on 02/24/2011 due to getting her hand caught in a compression machine. Initial workup did not show any evidence of a fracture. She has continued to have pain in the right hand despite the fact that the soft tissue bleeding/hematoma has resolved. Diagnoses were adhesive capsulitis of the shoulder; dystrophy, reflex sympathetic; carpal tunnel syndrome; and disturbances, sleep. Past treatment were splinting of the wrist, TENS unit and epidural steroid injections. Diagnostic studies were MRI of the right hand on 05/23/2011 that revealed thickened second and third MCP joint capsules suggesting fibrosis from prior trauma, minimal soft tissue edema, no fracture, bone contusion or ligament/tendon injury identified. The EMG on 12/11/2013 revealed an abnormal electrodiagnostic study of the right upper extremities. No polyneuropathy, no myopathy, no cervical radiculopathy. There was bilateral moderate carpal tunnel syndrome, bilateral median motor and sensory mononeuropathy. Surgical history was not reported. Physical examination on 07/30/2014 revealed complaints of pain that radiated up into the shoulder region. The pain emanated from the injured worker's hand and forearm. Examination revealed normal muscle tone of the upper extremities. There was an examination of the shoulder but it was not noted if it was the right shoulder or the left shoulder. Medications were hydrocodone/APAP, Lyrica, trazodone, diclofenac 1.5% cream, ketamine 5% cream, aspirin, carvedilol, clopidogrel, lisinopril, metformin, Nitrostat, simvastatin, Lipitor, and sertraline. Treatment plan was for a right stellate ganglion block with fluoroscopic guidance and IV sedation. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychologist follow up visits with cognitive behavioral therapy: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy (CBT) guidelines for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations; Psychological Treatment Page(s): 100 -101.

Decision rationale: The California Medical Treatment Utilization Schedule states psychological evaluations are recommended. Psychological evaluations are generally excepted, well established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are pre-existing, aggravated by the current injury or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. The interpretations of the evaluation should provide clinicians with a better understanding of the patient in their social environment, thus allowing for more effective rehabilitation. Cognitive behavioral therapy is recommended for appropriately identified patients during treatment of chronic pain. Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing comorbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder), cognitive behavioral therapy and self regulatory treatments have been found to be particularly effective. Psychological treatment incorporated into pain treatment has been found to have a positive short term effect on pain interference and long term effect on return to work. There is a stepped care approach to pain management that involves psychological intervention and has been suggested as to identify and address specific concerns about pain and enhance interventions that emphasize self management. The role of the psychologist at this point includes education and training of pain care providers in how to screen for patients that may need early psychological intervention, identify patients who continue to experience pain and disability after the usual time of recovery. At this point a consultation with the psychologist allows for screening, assessment of goals, and further treatment options, including brief individual or group therapy. Pain is sustained in spite of continued therapy (including the above psychological care). Intensive care may be required for mental health professions allowing for a multidisciplinary treatment approach. The injured worker has been treated for a long time for right hand pain with no relief. The injured worker had a steroid injection into the carpal tunnel region. This gave the injured worker minimal relief. Due to the failure of conservative care, the request for psychologist follow up visits with cognitive behavioral therapy is medically necessary and appropriate.