

Case Number:	CM14-0014362		
Date Assigned:	02/26/2014	Date of Injury:	09/12/2013
Decision Date:	06/26/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/04/2014

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 & Rehabilitation 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:

According to the records made available for review, this is a 30-year-old male with a 9/12/13 date of injury. At the time (1/16/14) of request for authorization for bio-behavioral pain management 6-10 visits for 5-6 weeks, there is documentation of subjective (chronic right upper extremity pain, symptoms of depression, anxiety, irritability, poor sleep, and difficulty performing activities of daily living) and objective (psychological distress, sadness, stress, anxious and depressed mood, and decreased sleep pattern) findings, current diagnoses (right upper extremity sprain/strain, depressive disorder, anxiety disorder, pain disorder, and sleep disorder), and treatment to date (physical therapy and medication).

IMR ISSUES, DECISIONS AND RATIONALES

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

BIO-BEHAVIORAL PAIN MANAGEMENT 6-10 VISITS for 5-6 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PSYCHOTHERAPY.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines state that behavioral interventions are recommended. MTUS Guidelines go on to recommend an initial trial of 3-4

psychotherapy visits over 2 weeks, and with evidence of objective functional improvement, a total of 6-10 visits over 5-6 weeks (individual sessions). Within the medical information available for review, there is documentation of diagnoses of right upper extremity sprain/strain, depressive disorder, anxiety disorder, pain disorder, and sleep disorder. In addition, there is documentation of chronic pain and stress/anxiety/depression. However, the proposed number of sessions exceeds guidelines (for an initial trial). Therefore, based on guidelines and a review of the evidence, the request for bio-behavioral pain management 6-10 visits for 5-6 weeks is not medically necessary.