

Case Number:	CM14-0114100		
Date Assigned:	08/01/2014	Date of Injury:	06/09/2013
Decision Date:	10/21/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/21/2014

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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 54 year old female with a date of injury on 6/9/2013. Diagnoses include bicipital tenosynovitis, rotator cuff injury, De Quervain's tenosynovitis, cervical sprain, and wrist sprain. Subjective complaints identify acute right shoulder pain and right wrist pain. Documentation indicates that patient had a voice change at time of injury and it was unclear if this was a psychosomatic or physiologic response. Physical exam shows normal mental status, pain with range of motion in the right wrist, and tenderness over the right hand and wrist. Recommendations were for counseling to address anxiety and depression. Records indicate that the patient was previously certified for 6 visits of counselling, and it is unclear if these sessions have been accomplished.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Counseling 1x6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PSYCHOLOGICAL TREATMENT Page(s): 101.

Decision rationale: CA MTUS recommends psychological treatment for appropriately identified patients during treatment for 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 co-morbid mood disorders. Initial trial of 3-4 psychotherapy visits over 2 weeks and with evidence of objective functional improvement, a total of up to 6-10 visits over 5-6 weeks. For this patient, 6 visits of counseling were previously certified, and it is unclear if these sessions have been finished. Therefore, the medical necessity for 6 additional pain counseling visits is not established at this time.