

Case Number:	CM14-0120906		
Date Assigned:	09/16/2014	Date of Injury:	02/14/2012
Decision Date:	10/16/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/30/2014

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 licensed in 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 a 49-year-old female who reported an injury on 02/14/2012. The mechanism of injury was reported when the injured worker was pulling a heavy cart. The diagnoses included carpal tunnel syndrome, anxiety and depression. The previous treatments include surgery, spica brace, medications, injections, massage therapy, 12 psych sessions. Within the clinical note dated 06/05/2014, it was noted the injured worker reported intermittent pain in both her forearms and her elbows. She rated her intensity of pain 2/10 to 7/10 in severity. The clinical documentation noted the injured worker reported lifting seems to increase pain and massage therapy helps decrease the intensity. She reported having numbness and often dropping things, such as when holding a cup of coffee in her hand. The injured worker complained of symptoms of insomnia, depression and anxiety and avoidance behaviors. The injured worker reported feeling anxious and frustrated about physical limitations. She rated her depression 4/8 in intensity. The provider noted the injured worker's mood was mildly depressed. The provider indicated the injured worker denied any current suicidal ideation, plan or intent. The provider requested for individual weekly psych sessions 1 per week for 8 weeks. However, a rationale was not submitted for clinical review. The Request for Authorization was not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

individual weekly psych sessions 1 per week X8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 101-102.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s):) 101-102..

Decision rationale: The California MTUS Guidelines recommend psychological treatment for appropriately identified patients during treatment for the 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 disorders. 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 including; identify and address the specific concern about pain and enhance interventions that emphasize self-management. The role of a 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 a psychologist allowing 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 from mental health professions allowing for a multidisciplinary treatment approach. The clinical documentation provided did not have evidence of any objective functional improvement that the injured worker might have achieved in the 12 sessions to date they have undergone. Therefore, the request is not medically necessary.