

Case Number:	CM14-0124574		
Date Assigned:	08/08/2014	Date of Injury:	08/02/2012
Decision Date:	09/11/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/06/2014

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 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 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 claimant is a 48 year-old male (██████████) with a date of injury of 8/2/12. The claimant sustained injury to his head, right hand/wrist, and right leg when he fell from scaffolding that was approximately 5 feet high while working for ██████████. In his "Primary Treating Physician's Progress Report" dated 1/8/14, ██████████ diagnosed the claimant with: (1) Right wrist complete arthroscopic synovectomy; (2) Lunate-triquetral arthroplasty utilizing a plit midcarpal ligament fixation with Arthrex fiber wire impant; (3) Reconstruction of the unstable lunate-triquetral ligament using Arthrex fiber wire implant achnors; (4) Capsulorrhaphy mid carpal and ulnar carpal joint; (5) Open reconstruction of the right TFCC complex ulnar tar; (6) Soft tissues stabilization; (7) Endoscopic debridement/reconstruction of the scapholunate ligament; (8) Chronic low back pain; (9) Cervical sprain; (10) Head trauma; (11) Comminuted fracture base of the 5th metacarpal bone; (12) Lumbar disc desiccation 4 mm anterior listhesis at L5-S1 level with suspected pars interarticularis fracture; (13) Posttraumatic headache; and (14) S/P lumbar spine surgery. Additionally, in a 1/28/14 report, ██████████ diagnosed the claimant with: (1) chronic lumbar strain; (2) Chronic cervical strain; (3) Chronic right lumbar radiculopathy; (4) Spondylolisthesis, L5-S1; (5) Chronic bilateral pars interarticularis fractures; and (6) History of blunt head trauma after a fall from a ladder. It is also reported that the claimant has developed psychiatric symptoms secondary to his work-related orthopedic injuries. In his "PR-2 Narrative Report" dated 4/1/14, treating psychologist, ██████████, diagnosed the claimant with Pain disorder associated with both psychological factors and a general medical condition.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Psychotherapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101- 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions (CA MTUS 2009)(page 23)Recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. See also Multi-disciplinary pain programs. ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain: Screen for patients with risk factors for delayed recovery, including fear avoidance beliefs. See Fear-avoidance beliefs questionnaire (FABQ). Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone:- Initial trial of 3-4 psychotherapy visits over 2 weeks- With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions) Page(s): 23.

Decision rationale: The California MTUS guideline regarding the use of behavioral interventions in the treatment of chronic pain will be used as reference for this case. Based on the review of the medical records, the claimant was initially authorized for a trial of 4 visits, which were completed with [REDACTED]. The notes were not included for review. In December 2013, the claimant was authorized for 12 additional psychotherapy sessions. As of [REDACTED] PR-2 report dated 4/1/14, the claimant had completed eight of the 16 total authorized sessions. The CA MTUS recommends a total of up to 6-10 psychotherapy visits for the treatment of chronic pain. The claimant has already been authorized 16 visits, which exceed the California MTUS recommendations. Therefore, the need for additional sessions cannot be determined. Additionally, the request for "Outpatient Psychotherapy" remains too vague, as it does not offer specific information about number of sessions being requested and over what duration the sessions are to occur. As a result, the request for "Outpatient Psychotherapy" is not medically necessary.