

Case Number:	CM14-0141190		
Date Assigned:	09/10/2014	Date of Injury:	04/12/2010
Decision Date:	11/06/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/02/2014

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 and 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 50-year-old female with a 4/12/10 date of injury. At the time (8/13/14) of request for authorization for Pain psychology consultation eight sessions, there is documentation of subjective (diffuse shoulder pain and anxiety/depression) and objective (muscle spasms over the upper trapezius muscles and scapular muscles at rotator cuff region, moderately severe swelling and redness over the forearm extension muscles and tendons and wrist extensors, and restricted range of motion of the shoulders) findings, current diagnoses (rotator cuff tendinitis and wrist/hand tendinitis), and treatment to date (H-wave unit, physical therapy, 4 sessions of psychotherapy, and medications). There is no documentation of objective functional improvement with psychotherapy provided to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Psychology Consultation eight (8) sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7 Independent Medical Examinations and Consultations, page(s) 127; and on the Non-MTUS Official Disability Guidelines, Mental Illness & Stress, Office Visits, Cognitive Behavioral Therapy (CBT) Guidelines for Chronic Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23; 101-102.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of chronic pain or co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder), as criteria necessary to support the medical necessity of psychological treatment. 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 rotator cuff tendinitis and wrist/hand tendinitis. In addition there is documentation of co-morbid mood disorder (anxiety and depression). However, given documentation of previous psychotherapy use, there is no documentation of objective functional improvement with psychotherapy provided to date. Therefore, based on guidelines and a review of the evidence, the request for Pain psychology consultation 8 sessions is not medically necessary.