

Case Number:	CM14-0158283		
Date Assigned:	10/01/2014	Date of Injury:	01/20/2012
Decision Date:	12/02/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/26/2014

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 Psychiatry 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:

Injured worker is a 39 year old male with date of injury 1/20/2012. Date of the UR decision was 9/3/2014. Mechanism of injury was described as a slip and fall in which he landed on his right side. He underwent chiropractic treatment, acupuncture, shoulder corticosteroid injection, debridement, blood harvest, stellate ganglion blocks and PRP treatment. Report dated 8/8/2014 indicated that he presented with moderate to severe musculoskeletal pain in right shoulder with intensity of 7 without medications and 6 with medications. Psychiatric review of symptoms was positive for anxiety, depression and insomnia. He was being prescribed Norco, Escitalopram, Zolpidem, Lyrica, Voltaren gel and Lidoderm adhesive patch. He was given diagnosis of cervical radiculopathy, depressive disorder, reflex sympathetic dystrophy, brachial radiculitis and neck/shoulder pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy Sessions, quantity: 1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy (CBT)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 23, 100-102.

Decision rationale: California MTUS states that behavioral interventions are 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. ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain, recommends screening for patients with risk factors for delayed recovery, including fear avoidance beliefs. Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using 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)Upon review of the submitted documentation, it is gathered that theinjured worker has been experiencing anxiety, depression and insomnia per the report dated 8/8/2014. She is a good candidate for behavioral treatment for the chronic pain related to the industrial injury. Thus the request Psychotherapy Sessions, qty: 1 is medically necessary.