

Case Number:	CM14-0165451		
Date Assigned:	10/09/2014	Date of Injury:	10/05/2006
Decision Date:	11/10/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	10/06/2014

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 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 patient is a 46-year-old female who reported a work related injury on 10/05/2006 after lifting a patient. Her diagnoses were noted to include mild cervical stenosis at C4-5, C5-6, left de Quervain's tenosynovitis status post-surgery, with postoperative infection, right shoulder arthralgia, status post arthroscopy, narcolepsy, status post gastric bypass, and elevated liver enzymes. Past treatment was noted to include physical therapy and acupuncture. Upon examination on 08/19/2014, the injured worker returned for a follow-up of neck, right shoulder, and bilateral upper extremity pain. She rated her average pain as an 8/10 to 10/10 on VAS. It was noted at her last appointment, the injured worker stated that Butrans was helping to decrease pain; however, she stated she was getting more cramps in her legs. There was no indication for surgery, but she continued to have neuropathic pain. Upon physical examination, it was noted that the injured worker had tenderness to palpation diffusely throughout her cervical spine and right shoulder. The injured worker had decreased flexion and extension of the cervical spine. 4/5 strength with grip of the left hand due to pain; otherwise, strength was within normal limits. The injured worker's prescribed medications were noted to include Butrans and Cymbalta. The treatment plan consisted of intensive outpatient therapy for 3 months, including group therapy, individual weekly sessions with the therapist, weekly drug screening, and 12 step facilitation. The rationale for the request was noted to be chronic pain. On assessment on 07/18/2014, the injured worker presented for a psychiatric evaluation. The injured worker stated her depression was bad, which she rated as a rated at a 7/10. It was also noted that she has crying spells, and rarely calls her friends or sees them. Her appetite was noted to be bearable after her gastric bypass. It was noted that she wakes up a lot during the night, and only sleeps 3 to 4 hours. She also goes days without sleeping, and she stated sometimes her mind will not turn off. The injured worker had anxiety for the past 3 years. She could not stand to be around people or big

crowds, as she could not handle it. It was also noted that the injured worker has symptoms of OCD. It was also noted that the injured worker was on edge all the time, and it was noted that she had nightmares and flashbacks. A Request for Authorization form was submitted for review on 08/19/2014

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) individual Psychiatric Visits with [REDACTED]: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7) page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Insert Section (for example Knee)>, <Insert Topic (for example Total Knee Arthroplasty)>

Decision rationale: The request for 12 individual psychiatric visits is not medically necessary. The California MTUS Guidelines state peer interventions are recommended for chronic pain. The identification and rare enforcements 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. More specifically, the Official Disability Guidelines recommend cognitive behavioral therapy for chronic pain states patients with risk factors for delayed recovery, including fear avoidance beliefs. They show therapy for these at risk patients should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine. Initial trial of 3 to 4 psychotherapy visits over 2 weeks is recommended. In subjective functional improvement, a total of up to 6 to 10 visits over 5 to 6 weeks of individual sessions is warranted. In regards to the injured worker, there was no evidence of an initial trial of 3 to 4 psychotherapy visits with evidence of objective functional improvement. As such, the request for twelve (12) individual Psychiatric Visits with [REDACTED] is not medically necessary and appropriate.