

Case Number:	CM14-0171328		
Date Assigned:	10/23/2014	Date of Injury:	09/17/1996
Decision Date:	12/02/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/16/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain, shoulder pain, and depression reportedly associated with an industrial injury of September 17, 1996. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; adjuvant medications; and a three-week functional restoration program. In a Utilization Review Report dated September 16, 2014, the claims administrator denied a request for ten behavioral medicine visits. The applicant's attorney subsequently appealed. In a March 31, 2014 progress note, it was acknowledged that the applicant was using Topamax and Elavil for ongoing issues with chronic neck pain, chronic shoulder pain, myofascial pain syndrome, and depression. The applicant was still using a cane, it was acknowledged. The attending provider suggested that the applicant could benefit from ongoing remote care to help the applicant maintain home exercises and weight reduction techniques. The applicant was apparently not working, it was acknowledged. In a July 14, 2014 progress note, the applicant reported ongoing complaints of chronic neck and upper extremity pain reportedly attributed to brachial plexopathy. The applicant had had behavioral medicine in the past, it was acknowledged. The applicant's medication list included Motrin, Lidoderm, Topamax, Elavil, and ThermaCare heat wraps. Ten sessions of psychological counseling/behavioral counseling were sought. In a September 14, 2014 progress note, the applicant was asked to remain off of work on "permanent disability." The 10 sessions of psychotherapy at issue were again seemingly endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Behavioral medicine visits, 2 times a week for 5 weeks, QTY: 10 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405; 400.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 15, page 400 does acknowledge that cognitive therapy can be problem-focused, with strategies intended to help alter an applicant's perception of stress, or emotion-focused, with strategies intended to alter an applicant's response to stress, ACOEM qualifies this recommendation by noting in Chapter 15, page 405 that an applicant's failure to improve may be due to an incorrect diagnosis, unrecognized medical or psychological conditions, or unrecognized psychosocial stress. The applicant, as acknowledged by the attending provider, has had extensive psychotherapy/behavioral medicine visits over the course of the claim, both inside and outside of the functional restoration program venue. Such treatment, however, has not been altogether successful. The applicant remains off of work. The applicant has been deemed permanently disabled, the attending provider has acknowledged. The applicant remains dependent on psychotropic medications such as amitriptyline (Elavil). All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite earlier behavioral medicine visits in unspecified amounts over the course of the claim. Therefore, the request are not medically necessary.