

Case Number:	CM14-0025802		
Date Assigned:	06/16/2014	Date of Injury:	07/21/2009
Decision Date:	07/16/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/28/2014

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 & 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:

The patient is a 35 year old female who was injured on 07/21/2009 as a fire extinguisher fell on her right foot. Prior treatment history has included home exercise program and medication, which includes Lyrica 25 mg, Orudis 75 mg, Ultracet, Relistor 8 mg. Progress report dated 12/17/2013 documents the patient has lower back pain, left elbow pain, right elbow pain and right wrist pain which has increased since the last visit. The pain was intermittent and rated 7/10 and increased to 9/10 frequently. The patient does not report any change in location of the pain and denies any new symptoms. The patient has not tried any new form of therapy and is taking her medications as prescribed. She states that the medications are helping. She denies any side effects from the medications and she tolerates them well. There is no evidence of developing medication dependency. The patient is unable to tolerate work activities; Objective findings on physical examination reveal Diagnosis: Reflex sympathetic dystrophy/complex regional pain syndrome of the right lower extremity, chronic pain and disability will delay functional recovery and adjustment reaction with depression and anxiety. Psychologist's permanent and stationary report dated 11/18/2013 revealed the patient was diagnosed as per DSM-IV Axis I: Depressive disorder not otherwise specified with anxiety and panic attack. Pain disorder (chronic). Psychological factors affecting her medical condition. She does not have a personality disorder. Axis II: No personality disorder. Axis IV: Occupational problems. Axis V: Global assessment of functioning, (GAF) 45. Mental and Behavioral Disorders Impairment Chart revealed class III moderate impairment of activities of daily living and concentration resistance and pace. Class IV impairment of social functioning and adaptation decompensation. She was found to be in need of emotional treatment to relieve her from the effects of an industrial injury. There would be a need for psychotropic medication review, supportive psychotherapy and courses of stress reduction biofeedback on an as needed basis. Utilization report dated 01/31/2014 states the

request for psychotherapy 1 x6 is not certified as the criteria based on the CA MTUS Guidelines, it would be appropriate to review the records of the patient's recent psychotherapy sessions in order to help assess the indications for and duration of additional psychotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCHOTHERAPY 1 X WK X 6 WKS: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 101-102.

Decision rationale: According to the CA MTUS guidelines, Psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. According to the ODG, psychotherapy duration is up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made. The medical records document the patient was diagnosed with reflex sympathetic dystrophy/complex regional pain syndrome of right lower extremity, chronic pain and disability with delayed functional recovery, and adjustment reaction with depression and anxiety. The patient had psychologist's permanent and stationary report dated 11/18/2013 which revealed the patient was diagnosed in Axis I: depressive disorder, pain disorder, and psychological factors affecting medical condition, in Axis II: no personality disorder, Axis III: the physical condition which is mentioned previously. Axis IV: Occupational problems and Axis V: GAF = 45 which indicate symptoms cause serious impairment in social and occupational functioning that lead to inability to retain the job at this time. In the presence of psychological evaluation that indicates the patient has depressive disorder that affect the patient response to the other medical treatment, the request is medically necessary according to the guidelines.