

Case Number:	CM14-0031127		
Date Assigned:	06/11/2014	Date of Injury:	05/13/2011
Decision Date:	07/14/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/27/2014

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:

This is a 47-year-old female with date of injury 5/13/2011. The date of utilization review decision was 1/13/2014. Per progress report from 8/17/2013, the patient complains of right elbow pain, neck pain and left shoulder pain. Subjective complaints include burning around sides of the neck and trapezial regions, medial to scapular borders. She continues to experience right elbow pain consistent with lateral epicondylitis and radiohumeral arthritis. Objective findings include increased pain and tenderness over right bilateral epicondyle as post prominent feature; left shoulder reveals positive impingement test, positive O'Brien's test. Cervical spine examination also lists range of mobility impairment and muscle spasm to trapezizius muscle. The diagnosis include recalcitrant, right lateral epicondylitis, left partial rotator cuff tear, right radiohumeral arthritis and cervicalgia. The primary treating physician recommends psychological treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCHOLOGICAL TREATMENT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PSYCHOLOGICAL TREATMENT Page(s): 101.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 23,100-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy (CBT).

Decision rationale: The 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. The Official Disability Guidelines (ODG) Cognitive Behavioral Therapy (CBT) guidelines for chronic pain recommend 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 with an initial trial of 3-4 psychotherapy visits over 2 weeks and with evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions). In this case, the request does not identify the number of sessions requested. Based on the lack of this information, the request for Psychological treatment is not medically necessary at this time.