

Case Number:	CM14-0035360		
Date Assigned:	06/23/2014	Date of Injury:	04/11/2008
Decision Date:	07/25/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/21/2014

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 Anesthesiologist and is licensed to practice in Florida. 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 injured worker is a 38-year-old male who reported an injury on 04/11/2008. He was drilling a pipe in the ceiling and suffered an injury to his right side of the neck and upper extremity as well as his shoulder. The clinical note dated 06/09/2014 noted the injured worker presented with pain in the right shoulder, right arm, right hand, right fingers, with tightness around the right shoulder and right side of the neck, and difficulty turning his head to the right. There was radiation of pain to the right side of the neck and the pain was rated at 8/10. Upon examination there was joint swelling of the right shoulder throughout the right arm, joint stiffness of the right shoulder joints, and muscle spasm noted on the right side of the neck and right scapula. There was right upper extremity weakness and numbness with a headache, and tingling in the right middle finger. There was depression and anxiety noted, and the injured worker was feeling stressed out. Prior therapy included visits with a psychiatrist for medical management, treatment with a psychologist, surgery, medication, and physical therapy. The diagnoses were severe major depression, single episode; brachial plexus disorder; shoulder joint pain; adhesive capsulitis of the shoulder; and partial thickness rotator cuff tear. The provider recommended 48 sessions yearly of psychotherapy and Alprazolam. The provider stated the injured worker continues to derive benefit from psychological support. The request for authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

48 sessions yearly of psychotherapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy Guidelines for chronic pain Page(s): 23.

Decision rationale: The request for 48 sessions yearly of psychotherapy is non-certified. The California MTUS Guidelines recommend a psychotherapy referral after a 4 week lack of progress from physical medicine alone. An initial trial of 3 to 4 psychotherapy visits over 2 weeks would be recommended, and with evidence of objective functional improvements, a total of up to 6 to 10 visits over 5 to 6 weeks would be recommended. The requesting physician did not include an adequate psychological assessment including quantifiable data in order to demonstrate significant deficits that would require therapy as well as establish a baseline by which to assess improvements during therapy. The request for 48 yearly of psychotherapy exceeds the recommendations of the Guidelines. As such, the request is non-certified.

Alprazolam 1mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazapine Page(s): 24.

Decision rationale: The request for Alprazolam 1 mg with quantity of 90 is non-certified. California MTUS does not recommend the use of Benzodiazepine for long term use because long term efficacy is unproven and there is a risk of dependence. Most Guidelines limit use to 4 weeks. The injured worker has been prescribed Alprazolam since at least 07/2013, which exceeds the Guideline recommendations for short term therapy. There is a lack of efficacy of the medication documented to support continued use, and the frequency of the medication was not provided. Therefore, based on the documents provided, the request is non-certified.