

Case Number:	CM14-0049917		
Date Assigned:	07/07/2014	Date of Injury:	11/20/2010
Decision Date:	08/06/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	04/17/2014

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 Psychologist, has 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 injured worker is a 52-year-old female who reported an injury on 11/20/2010 due to working as a caregiver in a convalescent hospital. The plan was for the use of functional restoration for the injured worker. Electrodiagnostic testing was also done and reported to be within normal limits. Initial treatments consisted of physical therapy and pain medications. Subsequent testing also noted were electrodiagnostic evidence of a right C6 and C7 radiculopathy. The injured worker also developed a significant underlying depression because of her ongoing chronic pain and inability to successfully return to her normal job duties. The injured worker did have cortisone injections around the right shoulder and had some physical therapy. Current medications were reported as Celebrex 100 mg twice a day, Celexa 20 mg 1 daily, and Omeprazole 20 mg 1 tablet twice a day. The injured worker was assessed for current psychiatric symptoms. She reported symptoms of depression, including sadness, anhedonia, sleep difficulties, increased appetite, diminished concentration and memory, and feelings of worthlessness and guilt. In addition, she had symptoms of anxiety, including tension and excessive worry. Psychological testing indicated mild somatic problems, severe depression, and moderate anxiety. The injured worker rated her pain as moderate and indicated that the pain interfered with her functioning to a severe extent. The injured worker coped with pain by using rest. These coping strategies were inadequate for reducing pain, improving daily function, and decreasing emotion distress. The treatment plan for the injured worker was to set treatment goals to reduce emotional distress, conceptualizing pain relief and coping stables, providing psycho-education about the relationship between pain, mood, and stress, with cognitive behavioral strategies for managing pain, reducing stress, and improving mood, reducing depression and anxiety, decreasing the use of illness focused coping strategies and increasing use of wellness focus coping skills, moving the injured worker toward increased vocational and avocational

participation, and determining appropriateness of and response to initial treatment. The rationale was submitted. The request for authorization was not submitted for review. The diagnoses for the injured worker were status post strain injuries to the neck and right shoulder, right cervical radiculopathy in the C6-7 distribution, rotator cuff and biceps tendon tendinitis, regional myofascial pain, chronic pain syndrome, and reactive depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 sessions of Pain Psychology: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations, Psychological Treatment Page(s): 100-102.

Decision rationale: The request for 4 sessions of pain psychology is not medically necessary. It was reported that the injured worker had an electrodiagnostic study, which was not submitted with the documents for review. Medications tried and failed were not submitted for review. Measurable range of motion values were not submitted for the injured worker. The California Medical Treatment Utilization Schedule states psychological evaluations are generally accepted, well-established diagnostic procedures, not only with selective use in pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are pre-existing, aggravated by the current injury, or are work related. Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co morbid mood disorders (such as depression, anxiety, panic disorder, and post-traumatic stress disorder). Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective. Diagnostic studies were not submitted for review. Medications tried and failed were not reported. Therefore, the request is not medically necessary.on-certified.