

Case Number:	CM14-0050984		
Date Assigned:	07/07/2014	Date of Injury:	06/03/2013
Decision Date:	12/31/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/18/2014

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:

Injured worker is a 27 year old female with date of injury 6/3/2013. Date of the UR decision was 4/1/2014. She encountered injury to her right hand from a dog bite while performing her duties as a dog groomer. She developed median and ulnar nerve neuropathy with atrophy. She has undergone treatment with Occupational therapy and Physical therapy. Per report dated 2/12/2014, injured worker has been diagnosed with Pain Disorder associated with Psychological Factors and a medical condition and Adjustment Disorder with Mixed Depressed Mood and Anxiety. She scored 29 on Beck Depression Inventory indicating moderate to severe range of depression and 26 on Beck Anxiety Inventory indicating moderate levels of anxiety. Per report dated 3/14/2014 she presented with ongoing right hand pain, loss of strength and function. She was started on Naprosyn at that visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual Psychotherapy Sessions once a week for six weeks right hand: 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 Psychological treatment Page(s): 23, 100-102.

Decision rationale: 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. 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: 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). Upon review of the submitted documentation, it is ascertained that the injured worker would be a good candidate for behavioral treatment of chronic pain. However, the request for Individual Psychotherapy Sessions once a week for six weeks right hand exceeds the guideline recommendations of Initial trial of 3-4 psychotherapy visits over 2 weeks. Thus, the request is not medically necessary.