

Case Number:	CM14-0066656		
Date Assigned:	07/11/2014	Date of Injury:	07/30/2011
Decision Date:	08/26/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	05/10/2014

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 7/30/2011. Date of the UR decision was 4/11/2014. She suffered from right shoulder injury at work which resulted in Complex Regional Pain Syndrome of right shoulder, neck and shoulder. Report dated 11/4/2013 indicated that she had negative reactions with Lyrica, Gabapentin and Celexa. The report documented that she saw a therapist every 2 weeks for 6-8 times, however the details regarding the nature of psychotherapy provided or any progress reports from the treatment are not available. She scored 40 on Beck Depression Inventory suggesting severe levels of depression. She was diagnosed with Anxiety disorder not otherwise specified and Pain disorder with both Psychological and physical symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCHOTHERAPY X6 SESSIONS FOR CHRONIC PAIN:

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PSYCHOLOGICAL THERAPY.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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. The 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-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 gathered that the injured worker has had sessions with a therapist every 2 weeks for total of 6-8 times, however the details regarding the nature of psychotherapy provided or any progress reports suggesting evidence of functional improvement from the treatment are not available. The request for Psychotherapy sessions x 6 for chronic pain is not medically necessary in absence of information regarding the prior treatment.