

Case Number:	CM14-0084027		
Date Assigned:	07/21/2014	Date of Injury:	09/27/2000
Decision Date:	09/08/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/05/2014

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 Physical Medicine and Rehabilitation 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:

According to the records made available for review, this is a 34-year-old female with a 9/27/00 date of injury who is status post carpal tunnel release of left wrist and left thumb tendon release for de Quervain's syndrome in February 2004, status post left ulnar nerve relocation at the elbow in November 2004, status post left shoulder subacromial decompression and clavicle resection in January 2009, status post right carpal tunnel release March 2011, and status post right ulnar nerve transposition in August 2011. At the time (4/28/14) of request for authorization for 12 sessions of behavioral intervention, there is documentation of subjective (pain that increases with arm movement, sometimes to 8/10 pain level, severely bothered by moodiness, anger, sadness, avoidance of enjoyable activities, hopelessness, change of appetite due to psychological issues, intruding thoughts and inability to concentrate, social isolation, loss of sleep, crying spells, loss of interest in sexual activity due to emotional issues, difficulty getting out of bed, difficulty falling asleep, and increased risky behavior without concern for consequences) and objective (Epworth Sleepiness score 24 (increase over previous score) and fear avoidance belief questionnaire score 42, with specific fears regarding physical activity, believing any type of physical activity would increase her pain and fear that she would not be able to return to work) findings, current diagnoses (somatic symptom disorder with predominant pain, persistent, moderate and insomnia disorder), and treatment to date (acupuncture, surgery, physical therapy, and medications (including Oxycodone, Lyrica, Topamax, Pennsaid solution, Viibryd, Savella, lidocaine, and Motrin)).

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of behavioral intervention: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cognitive Behavioral Therapy (CBT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines state that behavioral interventions are recommended. MTUS Guidelines go on to recommend an initial trial of 3-4 psychotherapy visits over 2 weeks, and with evidence of objective functional improvement, a total of 6-10 visits over 5-6 weeks (individual sessions). Within the medical information available for review, there is documentation of diagnoses of somatic symptom disorder with predominant pain, persistent, moderate and insomnia disorder. In addition, there is documentation of chronic pain. However, the requested 12 sessions of behavioral intervention exceeds guidelines (for an initial trial). Therefore, based on guidelines and a review of the evidence, the request for 12 sessions of behavioral intervention is not medically necessary.