

Case Number:	CM14-0097940		
Date Assigned:	07/28/2014	Date of Injury:	05/01/2007
Decision Date:	09/30/2014	UR Denial Date:	06/14/2014
Priority:	Standard	Application Received:	06/26/2014

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 psychology 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 that are provided for this independent review, this patient is a 54-year-old female who reported an industrial/occupational injury that occurred on May 1, 2007. The injury occurred reportedly during her work duties as an administrative assistant at [REDACTED]. The injury reportedly began as progressive aching in her right shoulder that continued for approximately two years when she had a right shoulder arthroscopic surgery to repair a bicep detachment. Her pain level increased and a second surgery was done capsular release. Her pain continued to worsen and she had increased use of opiate medication as a result and a third surgery was performed in April 2012 on her shoulder which provided some relief but incomplete. She has been diagnosed with chronic right shoulder pain, left rotator cuff syndrome, status post three right shoulder surgeries, cervical myofascial pain, right subacromial bursitis, pain disorder associated with both psychological factors and a general medical condition and major depressive disorder, recurrent, severe without psychotic features, cognitive impairment rule out secondary to depression and/or opiates. She has participated in a program called [REDACTED] helped her successfully complete detoxification from opiate medication or medications have included Resterol, Zoloft, Wellbutrin, and Suboxone; it is not clear which of these medicines she's on currently. She has persistent elbow pain and this apparently is her most difficult area. She has completed a functional restoration program. According to a psychological report from April 2014, her psychological symptoms of depression were described as including insomnia, fatigue, decreased libido, depressed episodes, and intermittent anxiety. It was also noted that she has a significant affect of or emotional pain component that contributes to her chronic disability rating pain syndrome that requires evaluation/treatment and that a behavioral medicine consultation for treatment was being requested for this purpose. The patient reports that she has been engaged in individual counseling sessions with a therapist on a monthly basis who is been

addressing issues of self-esteem, depression, and loss of vocation. A comprehensive psychological evaluation was conducted in May 2014 and stated that she has been diagnosed with major depressive disorder and treated in the past with Zoloft and Wellbutrin with the Wellbutrin being discontinued and that "chronic pain management for the patient may not be successful until after her right elbow surgery." But that if the doctor elects to not proceed with the right elbow surgery that cognitive behavioral therapy could begin immediately. A request was made for six sessions of behavioral medicine, the request was not certified. The utilization rationale for non-certification was at the patient has had prior courses of cognitive behavioral therapy and that there was insufficient documentation of objective functional improvement. This independent medical review will address a request to overturn that decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Behavioral medicine, six (6) visits: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment, Cognitive Behavioral Therapy Page(s): 101.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two, Behavioral Interventions, Psychological Treatment Page(s): 101-102.

Decision rationale: According to the MTUS treatment guidelines psychological treatment is recommended for appropriately identify patients during treatment for chronic pain. Psychological intervention for chronic pain includes setting goals, determining the appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, and assessing psychological and cognitive functioning and comorbid mood disorders. An initial treatment trial consisting of six sessions should be used to determine if the patient responds to the treatment with clearly documented objective functional improvements. In which case if there are such improvements additional sessions, according to the ODG, the patient may have up to a maximum of 13-20 sessions if progress is being made. It should be noted that further treatment is contingent solely upon documented evidence of functional improvement and that this is defined typically as improvement in activities of daily living, reduction in work restrictions (if applicable) and a reduction on the reliance of future medical treatments. Symptomology alone is insufficient to warrant additional sessions in the absence of objective functional improvement. After reviewing the patient's medical chart it appears to that the patient has not had a very recent course of outpatient psychological treatment and that it was recommended that she do engage in this following her residential treatment for opiate dependence. Given the severity of the patient's pain problem which is been only partially responsive to multiple surgeries and that there is a consideration that perhaps another surgery may be in the works although this unclear, an initial treatment trial of six sessions of cognitive behavioral therapy/psychotherapy appears to be a reasonable request and medically necessary at this juncture. Therefore the decision of this independent medical review is to overturn the utilization review decision. The request is medically necessary.