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| Case Number: | CM14-0107627 | | |
| Date Assigned: | 08/01/2014 | Date of Injury: | 05/16/2008 |
| Decision Date: | 02/13/2015 | UR Denial Date: | 06/30/2014 |
| Priority: | Standard | Application Received: | 07/11/2014 |

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 (MD), 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 37 year old female with date of injury 5/16/2008. Date of the UR decision was 6/30/2014. Per progress report dated 06/19/2014, the injured worker presented with chronic pain and reported 10% improvement with pain with the adjustment of the Butrans patch. She was diagnosed with right fibular fracture with operative fixation, history of a right bttnalleolar fracture, S/P operative fixation, possible complex regional pain syndrome involving the right lower extremity, low back pain, Thoracic spine pain, Neck pain and Bilateral knee pain, right greater than left. It was documented that the injured worker did not have an appreciable benefit with the Butrans patch, and the treating provider weaned it off at that visit. She was continued on Naproxen as well as Lidoderm patches. There is no documentation regarding any psychological issues that the injured worker has been experiencing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatric Consultation: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398.

Decision rationale: ACOEM guidelines page 398 states: "Specialty referral may be necessary when patients have significant psychopathology or serious medical co morbidities" There is no documentation regarding any psychological issues that the injured worker has been experiencing or any attempt to treat the same by the treating provider. Thus, the request for Psychiatric Consultation is not medically necessary.

20 Sessions Psychotherapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 101 and 102.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 23 and 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 -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, there is no mention of any psychological issues secondary to the chronic pain for which behavioral interventions would be recommended. Also, there is no QME report available that would suggest that the industrial injury has resulted in a psychological injury. Thus, the request for 20 Sessions Psychotherapy is excessive and not medically necessary. In cases where there is psychological injury secondary to chronic pain, the initial trial recommended by the guidelines is for 3-4 sessions which exceed the number that has been requested by the treating provider.