MAXIMUS Federal Services

Case Number:	CM14-0187483		
Date Assigned:	11/14/2014	Date of Injury:	02/04/2014
Decision Date:	01/05/2015	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	11/07/2014

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 56 year old female with date of injury 02/04/2014. Date of the UR decision was 10/09/2014. She sustained injury when she tripped, fell onto the right side and broke the fall with the right hand. She underwent surgical treatment of a Right Carpal Fracture. Per report dated 8/6/2014, the injured worker complained of frequent moderate pain that was described as burning, numbness and tingling over the right upper extremity and frequent swelling of the fingers. She was undergoing treatment with acupuncture sessions. She was being prescribed Topical Compound (Lidocaine 6% Gabapentin 10%, Tramadol 10%) and (Flurbiprofen 15%Cyclobenzaprine 2%, Baclofen 2% Lidocaine 5%).

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychosocial Factors Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7.

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: The injured worker suffers from pain secondary to right carpal fracture and has been undergoing treatment with acupuncture. There is no information regarding any other treatments such as exercise or physical medicine. There is no indication that she has been experiencing risk factors for delayed recovery, including fear avoidance beliefs. Information provided does not support evidence of lack of progress. "Simple screening questionnaires may be used early in the clinical course to identify those at risk for delayed recovery". Thus, the request for Psychosocial Factors Screen is not medically necessary at this time.