

Case Number:	CM15-0008675		
Date Assigned:	01/26/2015	Date of Injury:	01/18/2010
Decision Date:	03/17/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/15/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Arizona, Maryland
 Certification(s)/Specialty: Psychiatry

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 35-year-old female, who sustained an industrial injury on January 18, 2010, falling backwards, hitting her head. The diagnoses have included neck strain, diffuse cervicobrachial syndrome, chronic pain due to injury, dysthymia, headache, sprain of shoulder rotator cuff, cervical spondylosis without myelopathy, thoracic back sprain, brachial radiculitis, cervical radiculopathy, anxiety, and depression. Treatment to date has included physical therapy, chiropractic treatments, trigger point injections, and medications. Currently, the injured worker complains of back pain, neck pain, and right shoulder pain. The Pain Management Physician's report dated November 19, 2014, noted the injured worker with anxiety, depression, and insomnia. A previous visit dated October 10, 2014, noted the injured worker with ongoing depression and anxiety with great difficulty sleeping fits of rage and anger, irritable, crying easily. The injured worker was noted to have had no psychiatric care and reported needing extra help to get through the difficult times. On December 18, 2014, Utilization Review modified the request for eight sessions of individual psychotherapy and psychological testing times four sessions, noting that psychological testing would assess pain interference and long term effect on return to work, therefore the request was modified to approve an initial trial of four visits over two weeks of individualized psychotherapy sessions with three hours of psychological testing, citing the MTUS Chronic Pain Medical Treatment Guidelines, the MTUS American College of Occupational and Environmental Medicine (ACOEM) Guidelines, and the Official Disability Guidelines (ODG). On January 15, 2015, the injured worker submitted an application for IMR

for review of eight sessions of individual psychotherapy and psychological testing times four sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual psychotherapy #8: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment, Page(s): 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:-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 suffers from psychological consequences of chronic pain i.e. anxiety, depression, and insomnia.The injured worker has tried physical therapy chiropractic treatment in the past and could be a good candidate for behavioral treatment for chronic pain. However, the request for 8 sessions of individual psychotherapy exceeds the maximum number of sessions recommended by the guidelines for an initial trial.

Psychological testing #4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter -Mental and Stress Topic- Psychological evaluations

Decision rationale: ODG states that Psychological evaluations are recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in sub-acute and chronic pain populations. Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. The injured worker suffers from chronic back pain, neck pain, and right shoulder pain. Per report dated November 19, 2014, the injured worker

complained of anxiety, depression, and insomnia. A previous visit dated October 10, 2014, noted the injured worker with ongoing depression and anxiety with great difficulty sleeping fits of rage and anger, irritable, crying easily. A Psych AME has not been performed, the purpose of psychosocial evaluations should be to determine if further psychosocial interventions are indicated which in this case, the injured worker has already been authorized for an initial trial of Psychotherapy sessions. The request for Psychological testing #4 is not clinically indicated.