

Case Number:	CM15-0102942		
Date Assigned:	06/05/2015	Date of Injury:	04/18/2013
Decision Date:	07/22/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/28/2015

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 41 year old female, who sustained an industrial injury on 4/18/13. The injured worker was diagnosed as having bilateral complex regional pain syndrome of hands, bilateral carpal tunnel syndrome, mild right superficial radial neuralgia at wrist and hand, right de Quervain's tenosynovitis and right wrist fibrosis. Treatment to date has included psychotherapy sessions, intravenous Ketamine, acupuncture, oral medications including Lyrica and Methadone and activity restrictions. Currently, the injured worker complains of increased and arm pain with decreased activities of daily living. She is temporarily totally disabled. Skyping visits with psychologist have been extremely helpful. Physical exam noted swollen and mottled hands, she is in a wheelchair which she cannot propel herself and she is crying and has intermittent twitches and myoclonic jerks. A request for authorization was submitted for 15 sessions of outpatient psychotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient psychotherapy sessions, quantity 15: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 105-127.
Decision based on Non-MTUS Citation Official Disability Guidelines.

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 recommends 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 chronic pain secondary to industrial trauma and would be a good candidate for behavioral treatment of chronic pain and has completed at least 15 sessions of psychotherapy. However, the request for Outpatient psychotherapy sessions, quantity 15 especially since the injured worker has had prior psychotherapy treatment and exceeds the guideline recommendations and thus is not medically necessary at this time.