

Case Number:	CM15-0103812		
Date Assigned:	06/08/2015	Date of Injury:	04/01/2008
Decision Date:	07/16/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	05/29/2015

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 69 year old male who sustained an industrial injury to his right shoulder on 04/01/2008. The injured worker was diagnosed with chronic pain right shoulder, cervical radiculopathy and neuropathic pain. The injured worker is status post right shoulder replacement in 2008 and has a medical history of hypertension. Past treatments to date include steroid injections, surgery, physical therapy, home exercise program, acupuncture therapy and opioid pain management. According to the treating physician's progress report on April 28, 2015, the injured worker continues to experience chronic right shoulder pain. The injured worker rates his pain level at 5-6/10. Examination of the right shoulder demonstrated abduction to 90 degrees limited due to pain. The left shoulder revealed full range of motion. Sensory was intact to light touch to the bilateral upper and lower extremities. The injured worker is requesting Norco as it helped in the past. The injured worker is currently not taking any medications and has been authorized Lyrica. Treatment plan consists of follow-up with pain management; continue with home exercise program and the current request for psychotherapy Qty 8 (Non-Pharmaceutical, to include CBT and Coping Skills).

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy Qty 8 (Non-Pharmaceutical, to include CBT and Coping Skills): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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. However, the request for Psychotherapy Qty 8 (Non-Pharmaceutical, to include CBT and Coping Skills) exceeds the guideline recommendations for an initial trial and thus is not medically necessary.