

Case Number:	CM15-0136982		
Date Assigned:	07/24/2015	Date of Injury:	08/20/2012
Decision Date:	08/25/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/15/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

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

This 49 year old man sustained an industrial injury on 8/20/2012. The mechanism of injury is not detailed. Diagnoses include pain in shoulder joint, psychogenic pain, pain in ankle and foot joint, anxiety, and depression. Treatment has included oral medications and heating pad use. Physician notes dated 6/15/2015 show complaints of chronic left shoulder and right ankle pain rated 4-6/10. Recommendations include massage therapy, Gralise, Venlafaxine ER, physical therapy, and follow up in four weeks. Physician notes dated 6/26/2015 show complaints of anxiety and sleep difficulties. It is noted that the worker has had positive effects from the Venlafaxine and is now able to tolerate other interventions. Recommendations include cognitive behavioral therapy. Notes indicate that the patient has undergone four initial cognitive behavioral sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) Sessions of Cognitive Behavioral therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral therapy. Decision based on Non-MTUS Citation ODG Cognitive Behavioral therapy (CBT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Behavioral Interventions.

Decision rationale: Regarding the request for additional psychological treatment, Chronic Pain Medical Treatment Guidelines state that psychological evaluations are recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected using pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are pre-existing, aggravated by the current injury, or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. ODG states the behavioral interventions are recommended. Guidelines go on to state that an initial trial of 3 to 4 psychotherapy visits over 2 weeks may be indicated. With evidence of objective functional improvement, a total of up to 6 to 10 visits over 5 to 6 weeks may be required. Within the documentation available for review, it appears the patient has undergone previous psychological visits. There is no documentation of objective functional improvement or improvement in the patient's psychological symptoms as a result of the sessions already authorized. Additionally, there is no documentation indicating what additional treatment goals may remain following the sessions already provided. Finally, the 8 visits currently requested in addition to the visits previously performed exceeds the maximum number recommended by guidelines. In the absence of clarity regarding those issues, the currently requested psychological treatment is not medically necessary.

Six (6) Massage therapy sessions for the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Page(s): 60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Massage Therapy.

Decision rationale: Regarding the request for massage therapy, Chronic Pain Medical Treatment Guidelines state the massage therapy is recommended as an option. They go on to state the treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4 to 6 visits in most cases. Within the documentation available for review, there is no indication as to the number of massage therapy visits the patient has previously undergone. Furthermore, there is no documentation of objective functional improvement from the therapy sessions already authorized. Additionally, it is unclear exactly what objective treatment goals are hoping to be addressed with the currently requested massage therapy. Finally, if the patient has not undergone massage therapy previously, there is no documentation of objective functional treatment goals which are hoped to be addressed with the massage therapy. In the absence of clarity regarding those issues, the currently requested massage therapy is not medically necessary.