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| Case Number: | CM15-0137472 | | |
| Date Assigned: | 08/25/2015 | Date of Injury: | 10/17/2012 |
| Decision Date: | 09/23/2015 | UR Denial Date: | 07/07/2015 |
| 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: North Carolina

Certification(s)/Specialty: Family Practice

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 30 year old female who sustained an injury on 10-17-12 resulting from walking into a building, stumbled on debris and inverted left ankle. Treatment has included physical therapy, ice, medication and rest. In addition the left ankle was booted, casted and had surgery on 3-15-13 for Osteochondritis Dessicans ankle. Diagnostic tests have included an MRI of the foot on 11-19-12 which showed osteochondral defect at the posterior medial talar dome with overlying cartilage irregularity. Surgery was performed that included debridement of OCD of the medial tar dome on the left side. The pain continued post-surgery. Medications include Metoprolol 50 mg twice a day, HCTZ 50 mg every day, Lisinopril 20 mg every day and ProAir as needed. Diagnoses is left ankle pain and chronic pain syndrome. Treatment also included injections of sympathetic blocks and H-wave unit. On 6-16-15 the PR2 documents that a QME (5-14-15) report from a psychiatrist recommends consultation for 12 - 16 hours psychotherapy sessions. Medications are Nucynta 100 mg tablets 5 a day, Voltaren gel 1.3 % 8 g twice a day to the foot and ankle, Elavil 25 mg twice a day. The Diagnosis is chronic regional pain syndrome of the left ankle following her left ankle surgery for a fracture. Current requested treatments 16 sessions of Psychotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

16 sessions of Psychotherapy: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Cognitive Behavioral Therapy (CBT) Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines psychotherapy Page(s): 101-102.

Decision rationale: The California chronic pain medical treatment guidelines section on psychological treatment states: Recommended for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders (such as depression, anxiety, panic disorder, and post-traumatic stress disorder). Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective. Psychological treatment incorporated into pain treatment has been found to have a positive short-term effect on pain interference and long-term effect on return to work. The following stepped-care approach to pain management that involves psychological intervention has been suggested: Step 1: Identify and address specific concerns about pain and enhance interventions that emphasize self-management. The role of the psychologist at this point includes education and training of pain care providers in how to screen for patients that may need early psychological intervention. Step 2: Identify patients who continue to experience pain and disability after the usual time of recovery. At this point a consultation with a psychologist allows for screening, assessment of goals, and further treatment options, including brief individual or group therapy. Step 3: Pain is sustained in spite of continued therapy (including the above psychological care). Intensive care may be required from mental health professions allowing for a multidisciplinary treatment approach. See also Multi-disciplinary pain programs. See also ODG Cognitive Behavioral Therapy (CBT) Guidelines. (Otis, 2006) (Townsend, 2006) (Kerns, 2005) (Flor, 1992) (Morley, 1999) (Ostelo, 2005) Psychological treatment in particular cognitive behavioral therapy has been found to be particularly effective in the treatment of chronic pain. As this patient has continued ongoing pain, this service is indicated per the California MTUS and thus is medically necessary.