

Case Number:	CM15-0141277		
Date Assigned:	07/31/2015	Date of Injury:	06/22/1998
Decision Date:	09/03/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/21/2015

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: Psychologist

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 63-year-old male who sustained an industrial injury on 6-22-98. Progress report dated 6-4-15 reports continued complaints of pain and extreme sensitivity to right upper extremity that increases with light activity. He has been denied medications and is now in misery. He is doing well on Lyrica samples. He reports severe emotional injury due to pain and would like to return to the pain psychologist. He has arm pain rated 7 out of 10 with medication. Diagnoses include pain wrist/forearm, pain shoulder joint, complex regional pain syndrome and RSD upper limb. Plan of care includes: continue lyrica 150 mg twice to three times per day, wait for authorization for injection or SCS trial, suggest return to pain psychology 8 sessions. Work status: retired. Follow in 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain psychology sessions once a week for 8 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ODG cognitive behavioral therapy guidelines, Psychological treatment Page(s): 203, 101-102.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

Decision rationale: Based on the review of the medical records, the injured worker continues to experience chronic pain since his injury in 1998. In the most recent report dated 6/4/15, treating physician, [REDACTED], recommends resuming psychological treatment with [REDACTED], whom previously conducted psychotherapy with the injured worker. The request under review is based on this recommendation. Unfortunately, there is no information regarding prior psychological treatment. Additionally, there has been no recent psychological evaluation. Without information regarding current psychiatric symptoms and appropriate treatment recommendations, the request for psychotherapy sessions is premature. As a result, the request for 8 weeks of pain psychology sessions is not medically necessary.