

Case Number:	CM15-0168010		
Date Assigned:	09/08/2015	Date of Injury:	07/23/2009
Decision Date:	10/13/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/26/2015

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, Texas

Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction 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:

This is a 63 year old female whose date of injury is 07/23/2009. She suffers from complex regional pain syndrome in the right upper extremity, chronic pain syndrome, and pain disorder with psychological factors affecting a general medical condition. She is unable to drive and has become more restricted in her ADL's which has affected her quality of life. She developed depression, anger, poor sleep, and anxiety. A progress note of 07/17/2015 shows many subjective complaints of ongoing depression, especially related to her inability to drive, be independent, and not getting better. She no longer suffers from panic attacks. She sees a psychologist on a self pay basis, and a psychiatrist for medication management. She would like help specifically with pain. Medications include Cymbalta, mirtazapine, Ambien, Ativan, Atenolol, Simvastatin, Ketamine, Lidoderm, nitroglycerine, and Ranitidine. UR of 07/29/15 modified the request for 12 pain management psychology sessions to four, and noncertified the request for transportation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) sessions of pain psychology: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy (CBT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological treatment.

Decision rationale: 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 posttraumatic stress disorder). Cognitive behavioral therapy and self-regulatory treatments 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. ODG recommends up to 13-20 visits over 7-20 weeks if progress is being made. The patient was certified for four pain psychology sessions on 07/29/15. No records were provided showing that she received these services and if there was improvement. This request is therefore noncertified.

Transportation to each session: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Department of Health Care Services-California; http://www.dhcs.ca.gov/services/medi-cal/Documents/ManCriteria_32_MedTrans.htm.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA-MTUS is silent regarding transportation. Official Disability Guidelines Knee & Leg Chapter, Transportation.

Decision rationale: Per ODG, recommended for medically necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport. No evidence was provided to show that it was medically contraindicated for the patient to use public transportation, a taxi, an [REDACTED], or have a family member or friend transport her. This request is noncertified.