

Case Number:	CM15-0186901		
Date Assigned:	09/28/2015	Date of Injury:	09/23/2012
Decision Date:	11/06/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/22/2015

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: Arizona, California

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 40-year-old female, with a reported date of injury of 09-23-2012. The diagnoses include right upper extremity with sympathetic mediated pain, right frozen shoulder, right shoulder pain, cervical strain, and right upper extremity dysesthesias with sympathetic mediated pain and possible complex regional pain syndrome. Treatments and evaluation to date have included Tylenol #2, Voltaren 1% gel, and Cymbalta (discontinued due to limited effectiveness). The diagnostic studies to date have included an MR Neurogram of the cervical spine and upper extremity on 08-17-2015, which showed enlargement, indistinct, and likely compression of the distal trunks and divisions of the right brachial plexus. The medical report dated 09-03-2015 indicates that the injured worker had neck pain and right shoulder pain. She rated her pain 7 out of 10 with medications, and 10 out of 10 without medications. On 08-25-2015, the injured worker complained of low back, right wrist, and right hand pain, and rated the pain 5 out of 10. The injured worker also complained of pain to the right deep ear and jaw. It was noted that the injured worker's quality of sleep was poor. It was also noted that her activity level had remained the same. The treating physician stated that the injured worker "is taking her medications as prescribed". The injured worker stated that the medications were working well, and no side effects were reported. There was documentation that the injured worker underwent electrodiagnostic studies on 02-05-2013 and 10-23-2012 with normal findings; and an MRI of the right shoulder on 01-21-2013 which showed supraspinatus tendinosis, mild acromioclavicular joint degenerative change, mildly laterally down sloping acromion, and superior labral degenerative signal; x-rays of the right shoulder on 12-03-2012 with unremarkable

findings. The objective findings showed restricted cervical spine range of motion with flexion limited to 30 degrees due to pain and limited cervical extension to 25 degrees due to pain; hypertonicity, spasm, tenderness, and tight muscle band of the bilateral paravertebral muscles; hypertonicity, spasm, and tenderness of the bilateral thoracic paravertebral muscles; restricted right shoulder flexion at 90 degrees due to pain, abduction limited to 90 degrees due to pain; positive right Hawkins test; positive right Neer test; tenderness to palpation in the subdeltoid bursa; and tenderness to palpation over the right hypothenar eminence and thenar eminence. The treatment plan included a recommendation for pain psychology consultation. The treating physician requested a referral for an evaluation with a Psychologist for cognitive-behavioral therapy and pain coping skills training. On 09-11-2015, Utilization Review (UR) non-certified the request for an evaluation with a Psychologist for cognitive-behavioral therapy and pain coping skills training.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral for an Evaluation with a Psychologist (for pain management/cognitive-behavioral therapy): Overturned

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) guidelines for chronic pain.

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

Decision rationale: According to the guidelines, behavioral interventions are appropriate with a trial of 3-4 visits and up to 6-10 visits based on benefit. In this case, the claimant has chronic pain and has undergone pain management and a request for acupuncture was authorized. The request for behavioral intervention is medically necessary in order to address physical medicine and pain management.