

Case Number:	CM15-0206677		
Date Assigned:	10/23/2015	Date of Injury:	08/26/2008
Decision Date:	12/10/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/21/2015

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, Arizona, Maryland
 Certification(s)/Specialty: 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 52 year old man sustained an industrial injury on 8-26-2008. Diagnoses include myofascial pain, adhesive capsulitis of the shoulder, neck sprain-strain, chronic pain syndrome, lumbosacral sprain-strain, right sacroiliac joint dysfunction associated with pelvic inequity and leg length discrepancy, and right elbow contusion-laceration-sprain with adhesive capsulitis. Treatment has included oral medications. Physician notes on a PR-2 dated 9-15-2015 show complaints of jaw, right shoulder, right wrist, right elbow, neck, and bilateral knee pain rated 5 out of 10. The physical examination shows diffuse tenderness of the right elbow as well as decreased and painful range of motion from 20-110 degrees. Tenderness is also noted to the low back and the right sacroiliac joint. Recommendations include dental examination, temporal bone CT scan. Audiology treatment, occupational therapy, right elbow MRI, additional cognitive behavior therapy sessions, trial of chiropractic care, Lyrica, psychiatric follow up, Relafen, and follow up in four to six weeks. Utilization Review modified a request for psychotherapy on 9-25-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: California MTUS states that behavioral interventions are recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain recommends screening for patients with risk factors for delayed recovery, including fear avoidance beliefs. Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone: Initial trial of 3-4 psychotherapy visits over 2 weeks; With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions). Upon review of the submitted documentation, it is gathered that the injured worker has undergone psychotherapy treatment focused on Cognitive Behavior Therapy approach, however there is no clear documentation regarding the number of sessions completed so far or any evidence of "objective functional improvement". The guidelines suggest total of up to 6-10 visits over 5-6 weeks. The request for psychotherapy does not specify the number of additional sessions being requested and thus is not medically necessary.