

Case Number:	CM15-0028221		
Date Assigned:	02/20/2015	Date of Injury:	07/20/2002
Decision Date:	03/31/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/13/2015

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 53 year old female, who sustained an industrial injury on 07/20/2002. She has reported subsequent neck, head and upper extremity pain and was diagnosed with bilateral carpal tunnel syndrome, cervical sprain/strain, somatic symptom disorder, major depressive disorder and post-traumatic stress disorder. Treatment to date for pain has included oral pain medication, physical therapy, chiropractic therapy and a home exercise program. Documentation shows that the injured worker had episodes of suicidal thinking and struggled with anxiety and depression in part related to chronic pain. In a progress note dated 01/31/2015, the injured worker complained of continued cervical spine pain, pain in the left upper extremity and right upper extremity and headaches. The physician noted that the injured worker's anger and sadness were severe and that the injured worker was experiencing anxiety, sleep disturbances, feelings of hopelessness and impairment with activities of daily living. A request for authorization for psychiatry referral was made to assess the need for any psychopharmacological treatment. On 02/11/2015, Utilization Review non-certified a request for psychiatry referral, noting that if there is no improvement, the primary care physician would be able to start the injured worker on a trial of antidepressant medication and a referral to a psychiatrist at that point. MTUS, ACOEM and ODG guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to psychiatrist: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23. Decision based on Non-MTUS Citation ACOEM, 2nd Edition, 2004, page 127

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines cognitive behavioral therapy/behavioral intervention Page(s): 23.

Decision rationale: According to the guidelines behavioral therapy is 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. See also Multi-disciplinary pain programs. Guidelines for behavioral therapy are: Screen for patients with risk factors for delayed recovery, including fear avoidance beliefs. See Fear-avoidance beliefs questionnaire (FABQ). Initial therapy for these at risk patients should be physical medicine for exercise instruction, using a 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) In this case the claimant was evaluated by a psychologist who recommended behavioral therapy due to anger, depression and PTSD. Furthermore a psychologist cannot prescribe medications for the above diagnoses. As a result, the request above is appropriate and medically necessary.