

Case Number:	CM15-0032445		
Date Assigned:	02/25/2015	Date of Injury:	06/30/2012
Decision Date:	04/14/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/20/2015

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:

The injured worker is a 32 year old female, who sustained an industrial injury on 6/30/2012. The diagnoses have included depression/anxiety secondary to chronic pain with suicide ideation and complex regional pain syndrome (CRPS) right upper extremity. Treatment to date has included spinal cord stimulator (SCS). According to the pre-surgical psychological clearance report dated 9/3/2014, the injured worker experienced depressive symptoms and sleep difficulty due to pain. Six sessions of psychological treatment were recommended to improve her depressive condition and to improve active pain coping. She was cleared for the spinal stimulator trial. According to the Secondary Treating Physician's Progress Report dated 1/29/2015, the injured worker continued to experience varying degrees of pain, swelling and color changes in her right hand. She has improved pain control and function with the use of the prescribed medications. The review of systems noted that she denied nervousness, anxiety, depression or hallucinations. Physical exam revealed a decrease in swelling involving the right hand, wrist and forearm. Diffuse tenderness was noted over the palmar surface of the wrist. Treatment plan was for medications and for psychological counseling to facilitate pain coping skills and to treat depression. On 2/5/2015, Utilization Review (UR) non-certified a request for psychological counseling times six. The Medical Treatment Utilization Schedule (MTUS) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychological counseling: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 23, 100-102.

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 determined that the injured worker would overall be a good candidate for behavioral treatment of chronic pain. However, the request for Psychological counseling does not indicate the number of sessions being requested and thus is not medically necessary. The guidelines recommend an initial trial of 3-4 psychotherapy visits over 2 weeks and further treatment can be determined based on the results of the prior treatment.