

Case Number:	CM15-0040117		
Date Assigned:	04/09/2015	Date of Injury:	12/28/2013
Decision Date:	05/08/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/03/2015

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 42 year old female, who sustained an industrial injury on 12/28/13. She reported neck and bilateral shoulder and upper and lower back injury. The injured worker was diagnosed as having cervical muscle spasm, lumbar muscle spasm, left shoulder muscle spasm, status post right shoulder surgery, loss of sleep and psych component. Treatment to date has included physical therapy, status post right shoulder arthroscopy with subacromial decompression, ibuprofen and home exercise program. Currently, the injured worker complains of occasional mild neck pain, mild low back pain, activity-dependent moderate right shoulder pain and loss of sleep due to pain. Upon physical exam, tenderness is noted to palpation of the right trapezius with muscle spasm. The treatment plan consisted of post op surgical physical therapy, kinetic activities, follow up visit and psych consult.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychology Consultation 6-9 Follow-Up Visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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). The request for Psychology Consultation 6-9 Follow-Up Visits exceeds the guideline recommendations for an initial trial and thus is not medically necessary at this time.