

Case Number:	CM15-0046646		
Date Assigned:	03/19/2015	Date of Injury:	07/15/2014
Decision Date:	04/24/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/12/2015

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 51 year old female, who sustained an industrial injury on July 15, 2014. She has reported head pain, neck pain, shoulder pain, back pain, knee pain, ankle pain, hand pain, anxiety, and depression. Diagnoses have included adjustment disorder with mixed anxiety and depressed mood, right knee sprain, abrasion of the right knee, lumbar spine sprain, cervical spine sprain, and thoracic spine sprain. Treatment to date has included medications, physical therapy, heat and cold therapy, chiropractic care, acupuncture, and imaging studies. A progress note dated February 20, 2015 indicates a chief complaint of depression, anxiety, and sleeplessness. The treating physician documented a plan of care that included psychosocial pain consultation and psychosocial medication consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychosocial Medication Consultation/Psychosocial Pain Consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398, Chronic Pain Treatment Guidelines Psychological treatment Page(s): 23, 100-102.

Decision rationale: ACOEM guidelines page 398 states: "Specialty referral may be necessary when patients have significant psychopathology or serious medical co morbidities." 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. Upon review of the submitted documentation, it is ascertained that the injured worker suffers from chronic pain and developed depression, anxiety and sleeplessness secondary to the same. She has undergone treatment in form of medications, physical therapy, heat and cold therapy, chiropractic care, acupuncture, and imaging studies so far. The request for Psychosocial Medication Consultation/Psychosocial Pain Consultation is medically necessary as the injured worker could benefit from treatment with psychotropic medications as well as behavioral treatment for chronic pain.