

Case Number:	CM15-0081178		
Date Assigned:	05/01/2015	Date of Injury:	05/30/2012
Decision Date:	06/05/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	04/28/2015

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: New Jersey, New York

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 47 year old male, who sustained an industrial injury on May 30, 2012. He reported lifting a jug of water with pain in the neck and right shoulder and radiation of pain down his right arm. The injured worker was diagnosed as having major depression, agoraphobia with panic attacks, chronic pain disorder, xerostomia associated with medication usage, gastritis with intestinal bleeding associated with long term medication use, and headaches. Treatment to date has included CT cervical spine, cervical fusion, MRI, physical therapy, and medication. Currently, the injured worker complains of pain in the neck, upper extremities, paresthesias, numbness in his right hands and fingers and gastrointestinal (GI) problems when taking any medication. The Treating Psychologist's report dated April 10, 2015, noted the injured worker was not on any medication, unable to tolerate opioid or anti-anxiety medication. The injured worker was noted to have severe pain and depression, with suicidal ideation, unable to tolerate oral pain medication, with recommendation of need for a functional restoration pain management program and additional sessions of psychotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management psychotherapy 6 sessions: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 397, 398.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines psychological treatment Page(s): 101-102.

Decision rationale: The request is considered medically necessary. The patient is currently in therapy and additional sessions have been requested. According to MTUS, psychological intervention for chronic pain includes "setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective." The patient suffers from chronic pain, mood disorders, and suicidal ideation with the inability to tolerate any oral analgesics. The patient will continue to benefit from further therapy. Therefore, the request is considered medically necessary.

Multidisciplinary pain program: 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 Chronic pain programs Page(s): 30-32.

Decision rationale: The request for multidisciplinary pain program is not medically necessary. As per MTUS, a time period of no later than 3-6 months after an injury is the ideal time to start an interdisciplinary program. Early intervention is beneficial. It has been over three years since the patient is injured. The patient is unable to tolerate any medications. These programs are effective for back pain in all stages, but the pain being evaluated and treated is his neck, right shoulder, and arm pain. He also suffers from certain negative predictors of efficacy of treatment such as negative outlook on future employment and depression. An evaluation has not been made, including baseline functional testing so follow-up with the same test can note functional improvement. Because of these reasons, the request is considered not medically necessary.