

Case Number:	CM15-0082427		
Date Assigned:	05/04/2015	Date of Injury:	11/17/2011
Decision Date:	06/03/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	04/29/2015

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 was a 31 year old female, who sustained an industrial injury, November 23, 2013. The injured worker was injured while weighing a dolphin. The injured worker's leg was trapped against the dolphin and the side of the boat for about 10-15 minutes under the dolphin as it was being weighed. The injured worker previously received the following treatments left ankle MRI, 10 sessions of physical therapy, sympathetic nerve block, Lidocaine and Lyrica, ace bandage, anti-inflammatory medications, left foot x-ray and neurological consultation. The injured worker was diagnosed with mild degenerative changes to the calcaneo-cuboid and 5th tarsometatarsal joints of the left foot and complex regional pain syndrome. According to progress note of April 7, 2015, the injured workers chief complaint was left ankle pain. The injured worker rated the pain 7 out of 10; 0 being no pain and 10 being the worse pain. The injured worker described the pain as severe in intensity and tolerable at times. The injured worker described a cold feeling at times. The injured worker was also having muscle spasms in the left leg. The physical exam noted weakness in the dorsal flexion of the left foot. The injured worker was unable to stand on heels or toes due to pain in the left foot. Atrophy of the left calf muscle was noted, when compared to the right calf. The dorsum of the left foot was tender to touch. The mental exam the injured worker had normal comprehension and expression. The treatment plan included psychological follow-up sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of pain psychology: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101.

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

Decision rationale: According to the guidelines, psychological treatment is recommended. Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective. Psychological treatment incorporated into pain treatment has been found to have a positive short-term effect on pain interference and long-term effect on return to work. An initial evaluation of 3-4 sessions over 2 weeks is recommended. In this case, the claimant had prior unknown amount of sessions without details or therapeutic interventions or response. Twelve additional sessions is not justified and not medically necessary.