

Case Number:	CM15-0085234		
Date Assigned:	05/07/2015	Date of Injury:	08/19/1999
Decision Date:	06/12/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/04/2015

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: Massachusetts

Certification(s)/Specialty: Anesthesiology, Pain Management

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 August 19, 1999. She reported left shoulder pain. The injured worker was diagnosed as having a history of thoracic outlet syndrome and status post left shoulder replacement and revision. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the left shoulder, physical therapy, medications and work restrictions. Currently, the injured worker complains of continued decreased range of motion and pain in the left shoulder with associated neuropathic pain in the left digits with continuous numbness. She was also noted to have chronic fatigue and insomnia. The injured worker reported an industrial injury in 1999, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. She reported her orthopedist recommended ending physical therapy and starting home exercises. She reported feeling at a loss and noted not having a home exercise plan. Evaluation on April 29, 2015, revealed continued decreased range of motion and left shoulder pain. She required daily pain medications however noted trying to conceive a child. Psychotherapy and weaning was recommended. Psychotherapy was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Psychotherapy sessions: Overturned

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): 101.

Decision rationale: According to the MTUS, Psychological treatment is recommended for appropriately identified injured workers during treatment for chronic pain. psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a injured worker's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders (such as depression, anxiety, panic disorder, and post traumatic stress disorder). 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. The following "stepped-care" approach to pain management that involves psychological intervention has been suggested : Step 1: Identify and address specific concerns about pain and enhance interventions that emphasize self-management. The role of the psychologist at this point includes education and training of pain care providers in how to screen for injured workers that may need early psychological intervention. Step 2: Identify injured workers who continue to experience pain and disability after the usual time of recovery. At this point a consultation with a psychologist allows for screening, assessment of goals, and further treatment options, including brief individual or group therapy. Step 3: Pain is sustained in spite of continued therapy (including the above psychological care). Intensive care may be required from mental health professions allowing for a multidisciplinary treatment approach. See also Multi-disciplinary pain programs. See also ODG Cognitive Behavioral Therapy (CBT) Guidelines. (Otis, 2006) (Townsend, 2006) (Kerns, 2005) (Flor, 1992) (Morley, 1999) (Ostelo, 2005) Further, the ODG also comment on CBT. The current evidence-based guidelines support the use of cognitive therapy for the treatment of stress related conditions. The official disability guidelines recommend cognitive therapy for depression. And initial trial of six visits over six weeks is recommended. A total of up to 13 to 20 visits over 13 to 20 weeks is recommended with evidence of objective functional improvement. According to the comments available for review, the IW appears to be a candidate for psychological treatment based on both MTUS and ODG guidelines above. The current request including prior 3 sessions still falls within the total number of sessions as indicated in MTUS and ODG. Therefore at this time the requirements for treatment have been met, and medical necessity has been established. Therefore, the requested treatment is medically necessary.