MAXIMUS Federal Services

Case Number:	CM14-0127130		
Date Assigned:	09/16/2014	Date of Injury:	07/15/2013
Decision Date:	10/16/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/11/2014

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. The expert reviewer is Board Certified in Orthopaedic Surgery, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 49 year-old female ([redacted]) with a date of injury of 7/15/13. The claimant sustained injury to her neck and shoulder as the result of engaging in her usual and customary job duties while working for [redacted]. In his "Clinical Encounter Summaries" dated 7/11/14, the provider offered the following impressions: (1) Right shoulder impingement and liely rotator cuff pathology; (2) Chronic cervical strain; (3) Chronic lumbar strain; (4) Diffuse regional myofascial pain; and (5) Chronic pain syndrome with both sleep and mood disorder. He diagnosed the claimant with: (1) Unspecified disorder of joint, shoulder region; (2) Myalgia and myositis, unspecified; and (3) Pain in joint, shoulder region.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 sessions of Pain Psychology 1 times 6 weeks for the right shoulder: Upheld

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

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

Decision rationale: The CA MTUS guideline regarding the use of psychological treatment and behavioral interventions in the treatment of chronic pain will be used as references for this case.

Based on the review of the limited medical records, the claimant continues to experience chronic pain despite conservative care. It does not appear that she has completed any psychological evaluation or psychotherapy to treat her pain. The CA MTUS indicates, "Step 2: Identify patients 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." It appears that a psychological evaluation would be appropriate at this time. Without a psychological consultation that would offer more specific diagnostic information as well as appropriate treatment recommendations, the request for "6 sessions of Pain Psychology 1 times 6 weeks for the right shoulder" is premature and is not medically necessary at this time.