

Case Number:	CM14-0138203		
Date Assigned:	09/05/2014	Date of Injury:	12/16/2013
Decision Date:	10/14/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/26/2014

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 Psychology and is licensed to practice in Texas. 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 injured worker is a 35-year-old female with a reported date of injury on 12/16/2013. The mechanism of injury was noted to be from repetitive work. Her diagnoses were noted to include pain/strain over the neck, shoulder girdles, and arms, cervical trapezius myofascial pain syndrome, repetitive strain injuries over both arms, delayed recovery, and anxiety. Her previous treatments were noted to include acupuncture, and medications. The progress note dated 07/15/2014 revealed the injured worker complained of increased pain to her neck and shoulders and missing work. The injured worker had called the physician's office repeatedly for increased pain and requested to be off work. The injured worker informed the physician that she was not able to do her regular job and wanted to be off work and was frustrated for not getting the continuous treatments authorized for acupuncture and wanted pain management. The provider indicated the injured worker had received numerous treatments and diagnostic studies performed and none of the tests had revealed any significant pathology. The injured worker had been given treatment with medications, physical therapy and acupuncture. The provider indicated the injured worker would be a good candidate for a corticosteroid injection for her rotator cuff tendinitis and trigger point injections over the trapezius muscles. However, the injured worker refused any injection options. The provider indicated the injured worker had exhibited significant anxiety and irritability and seemed extremely upset and very argumentative. The injured worker indicated she had just come back from a psychologist and that she was having difficulty taking care of her children at home and that she was frustrated, angry, and needed to be taken off work completely because she could not do that job. The injured worker reported she was under a lot of stress and wanted to be off work for several months until her condition improved. The provider indicated her examination findings were essentially unchanged and that she had myofascial tenderness over the bilateral trapezius muscles and tenderness over the

bilateral shoulder rotator cuff tendinitis. The range of motion of the cervical spine remained normal and she had mild pain with extremes of external and internal rotation of the shoulders. Her neurologic assessment of the upper extremities was completely normal and there were no symptoms related to the wrist and elbows. The progress note dated 07/28/2014 revealed the injured worker expressed concern over pain to the upper extremities and the neck/shoulder girdles. The injured worker revealed over the course of the last 7 months she had been treated conservatively that included medication management, physical modalities, and time off work and that overall she felt worse. The injured worker rated her pain 7/10 to 8/10 and that it was primarily along the neck and shoulder girdles. The quality of pain was described as a burning sensation with intermittent numbness and tingling over the arms. The physical examination revealed pain with range of motion testing and pain with full flexion over both elbows. There was tenderness to palpation diffusely along the cervical spine, trapezius muscles, shoulder girdles, and upper arms. The provider indicated the injured worker was pleasant and in no acute distress and her mood was normal. She did appear mildly anxiety. The Request for Authorization Form dated 07/28/2014 was for psychological support times 6 sessions for pain management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consult with a Psychologist for pain management x 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, 2nd edition: Chapter 7; Independent Consultations, page 127; Official Disability Guidelines, Mental illness and stress (updated 06/12/2014), Office Visits

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain Page(s): 23.

Decision rationale: The request for a consult with a psychologist for pain management times 6 sessions is not medically necessary. The Official Disability Guidelines for Chronic Pain report to screen for patients with risk factors for delayed recovery, including fear avoidance beliefs. The initial therapy for these at risk patients should be physical medicine for exercise instruction, use of a cognitive motivational approach to physical medicine. Consider separate psychotherapy cognitive behavioral treatment and therapy referral after 4 weeks if lack of progress from physical medicine alone such as an initial trial of 3 to 4 psychotherapy visits over 2 weeks and with evidence of objective functional improvement, a total of up to 6 to 10 visits over 5 to 6 weeks (individual sessions). The injured worker indicated she had seen a psychologist; however, there was a lack of documentation regarding the results of that visit. The injured worker indicated she was having severe pain and wanted to be off work and did appear to have anxiety; however, there is lack of documentation regarding the psychologist visit and the request for 6 sessions exceeds guideline recommendations. Therefore, the request is not medically necessary.