

Case Number:	CM14-0145996		
Date Assigned:	09/12/2014	Date of Injury:	06/25/2013
Decision Date:	10/14/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/08/2014

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 Psychiatry 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:

Injured worker is a 55 year old female with date of injury 06/25/2013. Date of the UR decision was 08/21/2014. She sustained an injury while opening a door to the office, when a metal ladder fell on top of her, striking her right shoulder and right middle finger. Report dated 9/16/2014 suggested that she was experiencing left trapezius and left deltoid paresthesias. It was indicated that use of transcutaneous electrical nerve stimulation (TENS) unit and elevation of left upper extremity were diminishing paresthesias. She rated the right shoulder pain as 3-4/10. She had been using Salonpas patches and icy hot patches, Tylenol 500 mg four times daily, Norco 1/2 tab in evenings for severe flare-up. It was indicated that she continues to work full time. Report dated 7/30/2014 suggested that she presented with complaints of sharp pain in the right acromioclavicular joint radiating to the biceps tendon and to the pectoral muscles. She also complained of associated weakness of the right upper extremity and reports dropping items, but denied any paresthesias. It was indicated that she had been taking hydrochlorothiazide for hypertension and Xanax and imipramine for anxiety. She complained of multiple stressors at work and stated that she had palpitations related to the anxiety.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavioral Therapy one time evaluation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice

Guidelines, 2nd Edition, 2004 regarding referrals, page 127ODG Mental Illness & Stress (updated 06/12/14); Office Visits

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 23, 100-102.

Decision rationale: California MTUS states that behavioral interventions are recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. ODG Cognitive Behavioral Therapy (CBT) guidelines, for chronic pain recommends screening for patients with risk factors for delayed recovery, including fear avoidance beliefs. Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone: Initial trial of 3-4 psychotherapy visits over 2 weeks -With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions). Chronic Pain Medical Treatment Guidelines states, that "Psychological treatment is recommended for appropriately identified patients during treatment of chronic pain". The request for Cognitive Behavioral Therapy one time evaluation is medically necessary at this time. Thus, will respectfully, disagree with UR physician's decision.