

Case Number:	CM14-0162609		
Date Assigned:	10/07/2014	Date of Injury:	05/14/2011
Decision Date:	11/07/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/03/2014

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 licensed in Psychologist 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 43-year-old female who reported an injury on 05/14/2011. The mechanism of injury was not clearly indicated. Her diagnoses included rotator cuff pathology on the left, tendonitis of the left shoulder, bicipital tenosynovitis of the left shoulder, and mood adjustment disorder secondary to chronic pain. The injured worker's past treatments included surgery, physical therapy, medications, the use of transcutaneous electrical nerve stimulation unit, and acupuncture treatments. The injured worker's diagnostic exams were not clearly indicated in the clinical notes. The injured worker's surgical history included a left shoulder labral repair and decompression performed in 2013. On 08/28/2014, the injured worker complained of pain which she described as achy, radiating, shooting, nagging, burning, severe, gnawing, and throbbing. She rated this pain as 9/10 on the pain scale and indicated that the pain was aggravated with practically everything, which included bending, twisting, pulling, reaching, and lifting. The pain was associated with numbness, tingling, weakness, nausea, headaches, and issues with vomiting. The injured worker stated that she was irritable, distressed, depressed. Medications have been 60% to 80% helpful and effective when she is able to obtain them. The physical exam revealed that the injured worker had atrophy of the anterior, lateral and posterior aspect of the deltoid on the left shoulder. The physical exam also revealed that the range of motion to the shoulder was limited secondary to pain and her strength was decreased to 4/5 bilaterally. She also had a positive Hawkins test bilaterally and a positive Speed's test bilaterally. The injured worker's medications were not clearly indicated in the clinical notes. The treatment plan consisted of the request for psychosocial services. A request was received for psychological services/treatment 1x6 (left shoulder/depression). The rationale for the request was that the injured worker has documented intolerance to a plethora of different medications and at this

point it is reasonable to include psychosocial surfaces to help with the adjustment mood disorder. The Request for Authorization form was signed and submitted on 09/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychological services/treatment 1 times 6 (left shoulder/depression), frequency and duration not provided: Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend psychological treatment for appropriately identified patients during the treatment for chronic pain. Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessment of psychological and cognitive function, and addressing comorbid mood disorders. A step care approach to pain management that involves psychological intervention has been suggested and the steps include identifying and addressing specific concerns about pain and enhance interventions that emphasize self-management, identify patients who continue to experience pain and disability after the usual time of recovery, and identify pain that is sustained in spite of continued therapy to include psychological care. Based on the clinical notes, the injured worker complained of achy radiating pain that she rated 9/10 on the pain scale. She indicated that her medications provided 60% to 80% relief when she was able to get them. She also indicated that she was irritable, stressed, and depressed as a result of the injury. The rationale for the request was that the injured worker has become intolerant to a plethora of different medication at this point and is complicating her overall functional recovery and requires psychological service to help with the adjustment mood disorder. However, the guidelines recommend psychological testing and evaluation prior to treatment to determine if the condition is pre-existing or aggravated by current injuries, or work related. The clinical notes do not indicate that the injured worker received a psychological evaluation prior to the request for psychological treatment. A psychological evaluation is needed to determine the etiology of the injured worker's pain complaints or psychological dysfunctions. The request indicated that the treatment period was to be once a week for 6 weeks; however, the guidelines do not support this without the initial psychological evaluation. Therefore, due to lack of documentation indicating a prior psychological evaluation and evidence that a step care approach to pain management has been utilized, the request is not supported. Thus, the request for Psychological services/treatment 1 times 6 (left shoulder/depression), frequency and duration not provided not medically necessary.