

Case Number:	CM15-0112277		
Date Assigned:	06/19/2015	Date of Injury:	10/28/2014
Decision Date:	07/29/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/11/2015

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: California, Arizona, Maryland
 Certification(s)/Specialty: Psychiatry

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 54 year old female, who sustained an industrial/work injury on 10/28/14. She reported initial complaints of left shoulder, left knee and low back pain. The injured worker was diagnosed as having left knee internal derangement, left shoulder internal derangement, lumbar degenerative disc disease, left lower extremity radiculopathy, diffuse myofascial pain, chronic pain syndrome with sleep/mood disorder. Treatment to date has included medication and surgery (left knee arthroscopy). Currently, the injured worker complains of left shoulder, left knee, and back pain along with depression and anxiety. Per the primary physician's progress report (PR-2) on 4/1/15, exam revealed left knee surgical scar healing, unable to bear weight to left lower extremity with use of crutches, equivocal straight leg raise on the left, left shoulder abduction was limited to 130 degrees and left shoulder flexion was 160 degrees, right shoulder abduction and flexion were full. The requested treatments include psychology and sessions of pain psychology.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain psychology sessions (4 sessions: 1 time per week for 4 weeks): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), CBT.

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

Decision rationale: The 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. The 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). Upon review of the submitted documentation, it is gathered that the injured worker suffers from chronic pain secondary to industrial trauma and would be a good candidate for behavioral treatment of chronic pain. Thus, the request for 4 sessions of pain psychology fulfills the guideline recommendations for an initial trial and is medically necessary.