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| Case Number: | CM15-0113233 | | |
| Date Assigned: | 06/19/2015 | Date of Injury: | 04/09/2013 |
| Decision Date: | 07/29/2015 | UR Denial Date: | 06/10/2015 |
| 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 female of unknown age, who sustained an industrial injury on 4/9/2013. The current diagnoses are bilateral lateral epicondylitis, right more than left, carpal tunnel syndrome, bilateral thenar carpometacarpal joint dysfunction, right more than left, De Quervain's left wrist tenosynovitis, and occupational dystonia with hand cramping. According to the progress report dated 5/28/2015, the injured worker complains of bilateral hand pain associated with cramping. Depending on activity, the pain ranges from 3-8/10 on a subjective pain scale. The physical examination reveals tenderness to the right lateral epicondyle. A1 pulley on volar palm exhibits trigger finger. Treatment to date has included medication management, acupuncture, trigger point injections, and electro diagnostic testing. The plan of care includes psychotherapy (unspecified quantity), 4 psychological trial testing sessions, 12 cognitive behavioral training, and cognitive behavior therapy consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy, quantity unspecified: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment 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) The injured worker suffers from bilateral lateral epicondylitis, carpal tunnel syndrome, bilateral thenar carpometacarpal joint dysfunction, De Quervain's left wrist tenosynovitis, and occupational dystonia with hand cramping. There is no mention of psychological sequale of chronic pain in this case and thus request for unspecified quantity of Psychotherapy is not medically necessary.

Psychological trial testing for 4 sessions: 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): 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). The injured worker suffers from bilateral lateral epicondylitis, carpal tunnel syndrome, bilateral thenar carpometacarpal joint dysfunction, De Quervain's left wrist tenosynovitis, and occupational dystonia with hand cramping. There is no mention of psychological sequale of chronic pain in this case. A psychological referral has not been completed yet. The request for Psychological trial testing for 4 sessions is not medically necessary.

Cognitive behavioral training, 12 sessions: 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): 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) The injured worker suffers from bilateral lateral epicondylitis, carpal tunnel syndrome, bilateral thenar carpometacarpal joint dysfunction, De Quervain's left wrist tenosynovitis, and occupational dystonia with hand cramping. There is no mention of psychological sequale of chronic pain in this case. A psychological referral has not been completed yet. The request for Cognitive behavioral training, 12 sessions is not medically necessary.