

Case Number:	CM15-0119187		
Date Assigned:	06/29/2015	Date of Injury:	05/23/2014
Decision Date:	08/04/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/19/2015

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

Certification(s)/Specialty: Psychologist

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 (IW) is a 35-year-old male who sustained an industrial injury on 05/23/2014. Diagnoses include open reduction internal fixation of fracture; post-traumatic stress disorder; ankle fracture; and somatic symptom disorder. Treatment to date has included medications, surgery, physical therapy, heat application, gardening and walking. According to the progress notes dated 5/28/15, the IW reported increased pain, rated 8/10. On examination, he appeared anxious and in moderate pain. He walked with crutches. Medications were Percocet, Senokot and OxyContin. The provider noted the IW has had a prolonged recovery and had developed (or was at risk of developing) a chronic pain syndrome. The IW had reported demonstrated poor coping, fear avoidance, high perceptions of disability (and mood symptoms). Progress notes from 4/21/15 infer the IW was making progress in the counseling program as demonstrated by the his level of relaxation and increased interest in home activities and going outside. A request was made for additional six (6) sessions of pain management counseling with a pain psychologist to help the IW deal with the delayed recovery resulting from the industrial injury and the consequences on his activities of daily living.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional 6 sessions of pain management counseling with a pain psychologist: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

Decision rationale: Based on the review of the medical records, the injured worker continues to experience chronic pain since his work-related injury in May 2014. He completed an initial psychological evaluation with [REDACTED] in November 2014. In the psychological evaluation report dated 11/17/14, [REDACTED] recommended an initial 6 follow-up pain psychotherapy sessions, which were authorized and commenced on 2/16/15. Although the injured worker was authorized 6 initial sessions, only 3 sessions of progress notes (2/16/15, 3/31/15, & 4/21/15) were included for review. Without information about the final 3 sessions, the need for additional treatment cannot be fully determined. Additionally, the CA MTUS recommends a "total of up to 6-10 visits" in the treatment of chronic pain. The request for an additional 6 sessions exceeds the CA MTUS recommendations for total number of pain psychology sessions. As a result, the request for an additional 6 sessions of pain management counseling is not medically necessary.