

Case Number:	CM15-0122000		
Date Assigned:	07/06/2015	Date of Injury:	06/19/2010
Decision Date:	07/31/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/24/2015

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: New Jersey

Certification(s)/Specialty: Family Practice

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 47 year old female patient who sustained an industrial injury on 06/19/2010. A recent primary treating office visit dated 04/15/2015 reported the patient with subjective complaint of having bilateral elbow and wrists pain. Back on 12/11/2014 at a follow up visit she had subjective complaint of bilateral elbow, wrist and hand pain. She has had increased pain in the left elbow with the onset of cold, damp, rainy weather. Current medication is: Ibuprofen 400mg TID. She is to continue using activity modification, pacing and avoidance, Ibuprofen and bracing to help with symptoms. The assessment found the patient with lateral epicondylitis elbow; carpal tunnel syndrome, and lesion of ulnar nerve. On a follow up visit date 01/22/2015 the patient had subjective complaint of increased anxiety and depression secondary to chronic pain and is needing behavioral pain management evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Specialist Referral to Behavioral Pain Management for 12 Weekly Sessions Qty 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions p. 23 AND Psychological evaluations pp. 100-102.

Decision rationale: The MTUS Chronic Pain Guidelines recommend behavioral interventions such as cognitive behavioral therapy (CBT) for those with chronic pain as it reinforces coping skills and reduces physical dependence on medication and physical therapy. Initially, this therapy should be in the form of physical medicine for exercise instruction using a cognitive motivational approach, but psychotherapy CBT referral after 4 weeks with lack of progress from medication and physical medicine alone is recommended (initial trial of 3-4 psychotherapy visits over 2 weeks with a total of up to 6-10 visits over 5-6 weeks with evidence of functional improvement). The MTUS also states that psychological evaluations are recommended for widespread use in chronic pain populations, but should determine if further psychosocial interventions are indicated. If psychological treatment is appropriate, based on the evaluation, psychological interventions such as behavioral therapy and self-regulatory treatments may be helpful. The MTUS also suggests that the primary treating physician screen for patients that might benefit from psychological intervention and referral, including those who continue to experience pain and disability after the usual time of recovery and if psychological care with other treatment methods are still not sufficient to reduce pain and increase function, then more intensive care from mental health professionals may be recommended. In the case of this worker, she was being treated with Welbutrin for her depression and anxiety related to her chronic pain caused by her injury. She was also recommended 12 sessions of behavioral pain management. However, a request for 3-4 sessions as a trial with close follow-up documentation of benefits (or lack thereof) is more appropriate in this situation and might lead to more sessions if sufficiently helpful for the worker. Therefore, for now, this request for 12 sessions is not medically necessary for an initial request.