

Case Number:	CM15-0122281		
Date Assigned:	07/06/2015	Date of Injury:	10/13/2013
Decision Date:	08/25/2015	UR Denial Date:	06/18/2015
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: California, North Carolina
 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 41 year old female who sustained an industrial injury on 10/13/13. She reported burning pain in her left hand. The injured worker was diagnosed with second degree burns. Treatment to date has included surgery, ice, medication, ganglion block, nerve conduction study, epidural injection, psychotherapy, x-ray, home exercise program and urine drug screen. Currently, the injured worker complains of left hand pain described as constant, aching, burning, dull, electricity, sharp, stabbing, throbbing and severe. She rates her pain at 9/10 with or without medication. She also reports difficulty with activities of daily living. She is currently rating her depressive symptoms as moderate to severe and anxiety as moderate. She reports agitation, pessimism, low self-esteem, low energy, low motivation, irritability, increased appetite, impaired concentration and memory, anhedonia and reduced sex drive. She reports sleep disturbance, which includes early morning awakening and experiences racing thoughts that prevent her from falling back to sleep. The injured worker is diagnosed with major depression, probably recurrent and moderate, pain disorder, parent/child problem and methamphetamine dependence, in lengthy remission. Her work status is temporarily partially disabled psychiatrically. Medical diagnoses is complex regional pain syndrome (left upper extremity) and status post second degree burns of the left hand and she is not currently working. In a note dated 1/21/15 the injured workers total impairment of her left extremity is 16%. She has a loss of motion in her fingers and wrist resulting in decreased grip and pinch strength. A note dated 4/29/15 states the injured worker reports moderate to severe depression and moderate anxiety that manifested when the injured worker realized she was not improving from her industrial injury. The injured worker would

benefit from a short course of psychiatric treatment. A note dated 5/5/15 states the epidural injection offered temporary relief, medication, physical therapy and the ganglion block offered limited benefit. A note dated 6/4/15 states the injured worker continues to experience difficulty with activities of daily living. There is tenderness, loss of grip strength and an abnormal sense of touch noted on exam to the left hand. The following, psychotherapy 20 sessions, Beck anxiety inventory 1 time a week for 6 weeks, Beck depression inventory 1 time a week for 6 weeks and medication management 1x6 visits, are being requested to assist the injured worker in her recovery from her industrial injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy 20 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

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

Decision rationale: CA MTUS guidelines state that behavioral interventions are recommended in the treatment of chronic pain. One mechanism is to reinforce coping skills. Initial therapy for "at risk" patients should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine. If there is a lack of progress from physical medicine for 4 weeks, then separate psychotherapy should be considered. Guidelines recommend a trial of 3-4 psychotherapy visits over 2 weeks, and with objective evidence of improvement, 6-10 visits over 5-6 weeks. In this case, there is documentation of previous psychotherapy, but not the number of completed sessions or objective evidence of improvement. The request for 20 sessions exceeds the guidelines and is thus not medically necessary or appropriate.

Beck anxiety inventory 1 time a week every 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: MTUS Guidelines identify that psychological treatment is recommended for appropriately identified patients during the treatment for chronic pain. In this patient there is evidence of chronic pain and reactive symptoms of anxiety and depression. There is no rationale given as to why the Beck Anxiety Inventory is required on a weekly basis for 6 weeks. An initial Inventory is justified; however the therapist should be able to ascertain the patient's progress or lack thereof without relying on a formal Inventory each week. Therefore the request is not medically necessary or appropriate.

Beck Depression inventory 1 time a week every 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: CA MTUS Guidelines identify that psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. In this case there is evidence of chronic pain and reactive symptoms of anxiety and depression. There is no rationale given as to why the Beck Depression Inventory is required on a weekly basis for 6 weeks. An initial Inventory is justified; however the therapist should be able to ascertain the patient's progress or lack thereof without a formal weekly Inventory. Therefore the request is deemed not medically necessary or appropriate.

Medication Management 1x6 visits: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Evaluation and management (OP visits).

Decision rationale: CA MTUS is silent regarding medication management visits. The ODG states that evaluation and management outpatient visits to the office of a medical doctor play a critical role in the proper diagnosis and return to function of an injured worker. Guidelines dictate that up to 3 medications monitoring visits are necessary in order to monitor the patient's progress and make any necessary modifications to the treatment plan. In this case there is documentation of ongoing conditions requiring medication management. However there is no rationale as to why 6 visits, rather than the recommended 3, are required. Therefore this request is deemed not medically necessary.