

Case Number:	CM15-0178179		
Date Assigned:	09/18/2015	Date of Injury:	12/08/2009
Decision Date:	11/09/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/10/2015

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, Texas

Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction 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 58 year old male who sustained an industrial injury on 12/08/2009. He is undergoing treatment for cervical radiculitis, bilateral rotator cuff injury and myofascial pain syndrome. Treatment to date has included pain medication including Diclofenac and Nortriptyline, bilateral shoulder surgery, injections, home exercise program and medications. He has restricted and painful range of motion with chronic cervical spine and bilateral shoulder pain. He had bilateral shoulder arthroscopy. On 08/18/15, he was able to work with permanent restrictions. The home exercise program is not addressing the neck pain very well. Allowances had not been made for neck and it had not yet been treated. Pain was felt to be emanating from his neck. He was very upset and unhappy about this situation. A course of pain psychotherapy was recommended to help him cope with his pain. UR of 08/25/15 noncertified the request for pain psychotherapy based on lack of psychiatric complaints, no mental health evaluation, and no engagement in prior mental health treatment documented. On 09/15/15 progress notes show that the patient was calm and in moderate pain. On that date, there is a note for reconsideration/appeal of the non-certification explaining that this patient is at risk for delayed as he has developed chronic pain, shows poor coping and fear avoidance, and has a high perception of disability. Risk factors include perceived injustice of the system, external locus of control over his health, poor family/social support, and financial stressors. The patient was not asserting that he is filing a psychiatric claim, but rather requesting counseling to cope with delayed recovery.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Session of Pain Psychotherapy 1x6: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions, Psychological treatment.

Decision rationale: Psychological treatment is recommended for appropriately identified patients during treatment for chronic pain and has shown efficacy on pain management as well as comorbid mood disorders, but it is not meant solely for those complaining of psychological/psychiatric symptoms. The patient has been identified as being at risk for delayed recovery, he suffers from chronic pain, and allowances have not been made for neck treatment. Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders. Rather than place this patient at further risk of worsening what is already an impaired condition, it would be worthwhile to allow a trial of pain psychotherapy to help him develop coping mechanisms to self manage his pain (pain, upset with the system) and provide a sense of control over his own situation. This request is medically necessary.