

Case Number:	CM15-0026418		
Date Assigned:	02/18/2015	Date of Injury:	05/01/2011
Decision Date:	04/14/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/11/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

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 55-year-old female with an industrial injury dated 05/01/2011 resulting from a slip and fall. Her diagnoses include chronic pain syndrome, degeneration of the lumbar intervertebral disc, enthesopathy, shoulder joint pain, insomnia, depression and anxiety. Recent diagnostic testing has included the Millon Clinical Multiaxial Inventory-III (09/24/2014) and the Symptom Checker 90-R (09/24/2014). Previous treatments have included conservative care, medications, right shoulder surgery (04/2012), right hip replacement surgery (09/21/2011), psychiatric therapy, and completion of a functional restoration program. In a qualified medical evaluation (QME) dated 09/24/2014, the QME physician reports daily depression, occasional nightmares, decreased ability to walk, fear of re-injury, inability to sleep adequately, erratic appetite, crying and inability to enjoy pleasurable activities. The objective examination revealed testing evidence of depression and anxiety disorder with severe/high test findings. The treating physician is requesting 6 visits for pain psychology treatment for patient and family which were denied by the utilization review. On 01/30/2015, Utilization Review non-certified a request for 6 visits for pain psychology treatment for patient and family (1 time per week for 6 weeks), noting that the injured worker had previously received psychiatric treatment and therapy via a pain program with documented lack of help. The absence of a baseline evaluation to indicate baseline function, and no documentation that medications were being used to help treatment injured worker's symptoms. The MTUS ACOEM ODG Guidelines were cited. On 02/11/2015, the injured worker submitted an application for IMR for review of psych treatment for patient and family 30 minutes.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 visits pain psychology 1 times a week over 6 weeks: 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, Psychological Evaluations, Psychological Treatment, Weaning Medications Page(s): 23; pages 100-102, page 124.

Decision rationale: The MTUS Guidelines strongly recommend the identification and management of coping skills, describing these elements as often being more important to the treatment of pain than the ongoing medications used. When there is documented evidence of functional improvement, psychotherapy sessions should be continued. The submitted and reviewed records did not describe negative psychological symptoms, identify a problem with coping skills, or document examination findings that suggested these issues. In addition, these records reported the worker had improved awareness of emotions, positive thinking, and use of tools to better handle pain. There was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for six sessions with a pain psychologist done once weekly for six weeks is not medically necessary.