

Case Number:	CM15-0064107		
Date Assigned:	04/10/2015	Date of Injury:	09/01/2009
Decision Date:	06/10/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	04/03/2015

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, Arizona, Maryland
Certification(s)/Specialty: 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 (IW) is a 60-year-old female who sustained an industrial injury on 09/01/2009. Diagnoses include adhesive capsulitis of the shoulder, multiple sclerosis, cognitive disorder, generalized anxiety disorder, pain disorder with both psychological and medical features and depressive disorder. Treatment to date has included medications, physical therapy, shoulder injections, ice/heat and hypnotherapy. According to the progress notes dated 11/5/14, the IW reported feelings of isolation, chronic pain in the left shoulder, anxiety attacks and insomnia. Hypnotherapy was being employed as psychological treatment. A request was made for psychotherapy two times monthly for six months (left shoulder).

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy twice a month for six months, for the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19-23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 23, 100-102.

Decision rationale: California MTUS states that behavioral interventions are recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain recommends screening for patients with risk factors for delayed recovery, including fear avoidance beliefs. Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone: Initial trial of 3-4 psychotherapy visits over 2 weeks. With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions) Upon review of the submitted documentation, it is gathered that the injured worker has had at least 5 psychotherapy sessions, however there has been no mention of "objective functional improvement". The request for psychotherapy twice a month for six months, for the left shoulder i.e. 12 more sessions exceeds the upper limit of CBT sessions for chronic pain issues per the guidelines quoted above. Thus, the request is not medically necessary at this time.