

Case Number:	CM15-0067149		
Date Assigned:	04/14/2015	Date of Injury:	10/09/2007
Decision Date:	05/13/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/08/2015

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: Arizona, California
 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 (IW) is a 65-year-old male who sustained an industrial injury on 10/09/2007. Diagnoses include right shoulder pain, right shoulder adhesive capsulitis, clinically consistent cervical radiculitis, neck pain and cervical degenerative disc disease. Treatment to date has included medications, cervical epidural steroid injections, acupuncture, right shoulder surgery and TENS unit. Diagnostics included MRIs. According to the progress notes dated 2/4/15, the IW reported constant, aching right shoulder pain radiating into the right upper extremity with numbness and tingling. He also complained of neck pain radiating to the right medial and forearm with itching and burning sensations and a feeling of swelling in the right hand. Acupuncture was not helpful and the TENS unit was somewhat helpful. Previous records refer to the IW as "depressed" and "extremely frustrated" over his medical problems and related income decrease. A request was made for pain psychology consultation and six to eight follow up visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain psychology consultation and 6-8 follow up visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines chronic pain program Page(s): 30.

Decision rationale: According to the guidelines, biopsychosocial programs involving using a psychological appropriate fall under multi-disciplinary and chronic pain programs. Criteria include: (1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success above have been addressed. In this case, the claimant had chronic pain and was previously treated by a psychologist in 2011. The claimant has undergone numerous interventions and medications. He has undergone shoulder surgery but not neck surgery. The request for pain consultation with a psychologist is appropriate however, there is no mention of avoiding a surgery. An evolution may be appropriate before determining amount of sessions. There the request for 8 sessions is not medically necessary.