

Case Number:	CM15-0069940		
Date Assigned:	04/17/2015	Date of Injury:	10/19/2009
Decision Date:	06/11/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/13/2015

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: 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 48 year old female, who sustained an industrial injury on 10/19/2009. She reported cumulative trauma to her right upper extremity and shoulder. The injured worker was diagnosed as having pain disorder with both psychological factors and an orthopedic condition. Treatment to date has included physical therapy, medications, pain coping skills group, behavioral pain management group psychotherapy, and transcutaneous electrical nerve stimulation unit. Reports of participation of pain education and coping skills group (dates of participation 3/10/2015 to 3/31/2015 and 10/7/2014 to 11/04/2014) were submitted. It was documented that this group met once weekly for 2 hours for a total of 10 sessions. On 3/20/2015, the injured worker complains of right upper extremity and right shoulder pain, rated 5/10 with medication use and 6/10 without. Her quality of sleep was fair and she was not trying any other therapies for pain relief. Medication use included Norco (noted as sparingly), Lidoderm patch, Lexapro, and Lorazepam. She was working and her status was permanent and stationary. On 2/20/2015, she reported pain to her right shoulder and upper extremity, rated 5/10 with medication use and 6/10 without. She was documented as going weekly for pain coping skills group. The treatment request was for referral to MPN Psychologist (medical provider network).

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to MPN psychologist: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 3 Initial Approaches to Treatment.

Decision rationale: Per the ACOEM :The health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for 1. Consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability. Psychology treatments are recommended per the California MTUS. Review of the provided clinical documentation indicates the patient had previous been approved for cognitive behavioral therapy. Results of these therapy sessions are not documented. Therefore the need for MPN psychology consult cannot be certified without documentation of previous objective gains. Therefore the request is not medically necessary.