

Case Number:	CM15-0071102		
Date Assigned:	04/21/2015	Date of Injury:	03/16/2013
Decision Date:	05/20/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	04/14/2015

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

Certification(s)/Specialty: Psychologist

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 46-year-old male, with a reported date of injury of 01/16/2013. The diagnoses include low back pain, left knee pain, left knee arthropathy, right shoulder pain, chronic pain syndrome, and sleep disturbance. Treatments to date have included an MRI of the brain, behavioral and psychological evaluation, acupuncture, oral medications, an MRI of the right shoulder, an MRI of the cervical spine, and chiropractic sessions. The visit note dated 02/27/2015 indicates that the injured worker complained of multiple joint pains. She rated the pain 7 out of 10. The pain radiated to the neck, right shoulder, abdomen, middle back, lower back, left knee, left leg, and head. It was noted that the injured worker was experiencing depressive symptoms, and he stated that he felt irritated. He had shown a lack of concentration while doing skilled work. The physical examination showed a depressed appearance, a normal gait, restricted cervical range of motion, restricted lumbar range of motion, positive lumbar facet loading, restricted right shoulder range of motion, and tenderness to palpation over the left knee lateral joint line. The treating physician requested twelve cognitive behavioral therapy sessions, and psychiatrist evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavioral Therapy (12-sessions): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions, Psychological Treatment Page(s): 23-24, 101-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter Mental Illness and Stress Chapter, Cognitive Behavioral Therapy, Psychotherapy Guidelines.

Decision rationale: According to the MTUS treatment guidelines, psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. 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 functioning, and addressing comorbid mood disorders such as depression, anxiety, panic disorder, and PTSD. The identification and reinforcement of coping skills is often more useful in the treatment of chronic pain and ongoing medication or therapy, which could lead to psychological or physical dependence. An initial treatment trial is recommended consisting of 3-4 sessions to determine if the patient responds with evidence of measurable/objective functional improvements. This request for 12 sessions does not fall the proper treatment protocol. In addition, the patient appears to have had prior work related injury and it is unknown whether or not he received psychological treatment at those times. Despite these 2 limitations, and because of what appears to be a lengthy delay in starting his psychological treatment, an unusual exception appears to be appropriate in this case. Therefore, the request is medically necessary.

Psychiatrist Evaluation to Address AOE-COE and Medical Legal Issues: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398 B Referral, Chronic Pain Treatment Guidelines Psychological Evaluations Page(s): 100-101.

Decision rationale: According to the ACOEM, specialty referral may be necessary when patients have significant psychopathology or serious medical comorbidities some mental illnesses are chronic conditions, so establishing a good working relationship the patient may facilitate a referral for the return-to-work process. In addition, according to the MTUS psychological evaluations are generally accepted, well-established diagnostic procedures not only with selective use in pain problems, but with more widespread use in chronic pain populations. Diagnostic evaluation should distinguish between conditions that are pre-existing, aggravated by the current injury or work-related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. The California MTUS Guidelines state that psychological evaluations are recommended. The medical records provided do support the use of a psychiatric evaluation at this time, due to continued significant psychiatric symptomology that includes severe depression and likely head injury related trauma as a result of the patient's fall off a truck and hitting his head on the concrete. The medical necessity of the request for a

psychiatric evaluation is consistent with MTUS guidelines and is appropriate and medically necessary at this time.