

Case Number:	CM15-0099980		
Date Assigned:	06/02/2015	Date of Injury:	07/16/2012
Decision Date:	07/07/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	05/22/2015

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 43 year old female, who sustained an industrial injury on 7/16/12. She reported pain in her neck, bilateral shoulders and right wrist. The injured worker was diagnosed as having cervical strain, right supraspinatus and superior labral tears and carpal tunnel syndrome. Treatment to date has included an MR arthrogram of the right shoulder on 4/28/15, Lidoderm patch, NSAIDs and Medrox cream. On 2/3/15, the injured worker's patient health questionnaire (PHQ-9) score was 19. She rated her pain 6-7/10 in the neck and bilateral shoulder and 8/10 in the right wrist. As of the PR2 dated 5/14/15, the injured worker reported feeling depressed and irritable. She also indicated 9/10 pain in her neck and right shoulder and 8/10 pain in her right wrist and left shoulder. A patient health questionnaire (PHQ-9) was administered to the injured worker and her total was 20, indicating severe depression. The treating physician requested psychology pain counseling x 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychology pain counseling, quantity: 6 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment; Behavioral Interventions Page(s): 101-102; 23.

Decision rationale: Based on the review of the medical records, the injured worker has continued to experience chronic pain since his injury in July 2012. It was recommended by his treating provider that he receive psychological pain counseling to learn skills to manage and reduce his chronic pain. Unfortunately, a psychological evaluation/consultation has not been completed. A psychological evaluation is imperative not only to offer specific diagnostic information, but appropriate treatment recommendations. Without an evaluation, the need for follow-up psychological services cannot be determined. As a result, the request for 6 pain psychology sessions is premature and not medically necessary.