

Case Number:	CM13-0007656		
Date Assigned:	03/21/2014	Date of Injury:	10/02/2008
Decision Date:	06/30/2014	UR Denial Date:	07/24/2013
Priority:	Standard	Application Received:	08/02/2013

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 47-year-old female injured in a work-related accident on October 2, 2008. The records available for review document injuries to her knees and hands and sleep disturbance attributed to repetitive desk work. The records provided for review include upper extremity electrodiagnostic studies conducted in 2012 that were normal and documentation that the claimant had treatment with cognitive therapy in 2013. A December 2, 2013, progress note reports continued bilateral upper extremity discomfort and no significant change in pain complaints. The note states that the claimant has been receiving treatment with acupuncture and is frustrated by the lack of symptom improvement. Upon physical examination, the claimant was found to have diminished range of shoulder motion bilaterally with diffuse arm and forearm tenderness to palpation. The working assessment was noted to be chronic bilateral upper extremity pain. The treating physician recommended continued management with medication and the resumption of cognitive therapy. This review request is for 12 additional sessions of cognitive therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

COGNITIVE BEHAVIORAL THERAPY SESSIONS, QTY: 12.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Treatment Utilization Schedule (MTUS), Page 400-401 and ODG (Mental and Stress) Psychotherapy Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback Page(s): 24-25.

Decision rationale: Based on California MTUS Chronic Pain Medical Treatment Guidelines, continuation of cognitive behavioral therapy would not be indicated. To facilitate the management of chronic pain, The Chronic Pain Guidelines recommend six to 10 visits of cognitive behavioral therapy, which encompasses biofeedback, for a five- to six-week period. In this case, the records indicate that the claimant has already undergone a cognitive behavioral therapy program and did not experience any improvement in her underlying chronic pain or secondary depressive complaints. Due to the absence of prior cognitive treatment effectiveness, coupled with the request for visits in excess of the Chronic Pain Guideline recommendations, the additional 12 cognitive therapy sessions would not be supported as medically necessary.