

Case Number:	CM13-0010224		
Date Assigned:	06/06/2014	Date of Injury:	07/21/2006
Decision Date:	07/11/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	08/12/2013

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 Physical Medicine & Rehabilitation 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 injured worker is a 61 year old female who reported an injury on 07/21/2006 secondary to cumulative trauma. The injured worker has a history of upper extremity cumulative trauma disorder, chronic shoulder pain status post decompression, cervical degenerative disc disease, right upper extremity radiculitis, regional myofascial pain and chronic pain syndrome with both sleep and mood disorder. The injured worker states that the chronic pain and/or the medications used to treat the pain impact her life in the following ways; relationships with others affected, concentration or thinking affected, energy level reduced, sleep disturbed, mood altered, appetite not normal, physical activity is reduced, reduced enjoyment of life, and sexual relationship has been affected. The injured worker also states her mood has been getting since sessions with MD have been denied. On examination dated 07/29/2013 of the psychiatric exam, the injured worker had a normal affect and converses appropriately, good eye contact judgment appears good, no pressurized speech, flight of ideas, auditory, or visual hallucinations expressed. The injured worker has a diagnoses of cervical disc degeneration psychogenic pain. Medications taken are Hydrocodone 5/325mg (average 30 a month) and Celebrex 200mg daily. The injured worker states that the medications help manage the pain and maintain function. The treatment plan is for 6 additional cognitive behavioral therapy pain psychology sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 ADDITIONAL COGNITIVE BEHAVIORAL THERAPY PAIN PSYCHOLOGY SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 105-127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23.

Decision rationale: The injured worker has a history of upper extremity cumulative trauma disorder, chronic shoulder pain status post decompression, cervical degenerative disc disease, right upper extremity radiculitis, regional myofascial pain and chronic pain syndrome with both sleep and mood disorder. The California Medical Treatment Utilization Schedule (MTUS) recommends behavioral treatment for the identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. Guidelines recommend up to 10 visits if progress is being made. The injured worker has received 6 sessions of CBT; however, there is lack of documentation about improvement in function. In addition, the request for 6 additional sessions exceeds guideline recommendations for total duration of care. As such, the request is not medically necessary.