

Case Number:	CM13-0011473		
Date Assigned:	12/04/2013	Date of Injury:	12/10/2010
Decision Date:	07/25/2014	UR Denial Date:	07/16/2013
Priority:	Standard	Application Received:	08/15/2013

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 licensed in Psychologist and is licensed to practice in Texas. 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 40-year-old male who reported an injury on 12/10/2010. The mechanism of injury was not provided. On 06/27/2014, the injured worker presented with chronic right upper extremity pain secondary to complex regional pain syndrome and right brachial plexopathy. Prior therapy included physical therapy, home exercise, cognitive behavioral therapy, and medications. Upon examination, the injured worker complained of depression, but denies anxiety, hallucinations, and suicidal thoughts. The diagnoses were injury brachial plexus, neuritis brachial, unspecified major depression, and pain. The provider recommended cognitive behavioral therapy visits, and the provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

COGNITIVE BEHAVIORAL THERAPY VISITS X 12: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS Guidelines recommend cognitive behavioral therapy after a 4 week lack of progress from physical medicine alone. An initial therapy of 3 to 4 psychotherapy visits over 2 weeks would be recommended, and with evidence of objective functional improvements, a total of up to 6 to 10 visits or 5 to 6 weeks would be recommended. The requesting physician did not include an adequate psychological assessment including quantifiable data in order to demonstrate significant deficit which would require therapy as well as establish a baseline by which to assess improvements during therapy. The current number of treatments that have already been provided had not been documented, and the efficacy of the treatment has not been provided. The request for 12 additional cognitive behavioral therapy visits exceeds the recommendations of the guidelines. As such, the request is not medically necessary.