

Case Number:	CM13-0022184		
Date Assigned:	04/23/2014	Date of Injury:	04/11/2003
Decision Date:	05/14/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	09/09/2013

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 Clinical Psychology, has a subspecialty in Psychology and pain management 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:

According to the records provided for this independent medical review, this patient is a 46 year old male patient who reported an industrial/occupational work-related injury on April 11, 2013 during the normal course of his work duties as a machine operator. The injury as reported appears to be related to repetitive use-motion/trauma, he noted that he started to experience severe pain in the shoulder and back and lost his use of his right shoulder and right arm which apparently was completely numb and just hanging limply. There is an indication that in addition to his medical difficulties he is also having carpal tunnel syndrome in both hands. This patient reports subjective pain in his back, both hands, elbows and the right shoulder; he has complaints of burning, stabbing, shooting hot pain that radiates into the hands and shoulders it is an extreme pain like somebody is cutting him or poking him with pins and needles. Psychologically he reports depression that is at times severe with thoughts of wishing he was not alive, but he has no active suicidal ideation other than these passing passive thoughts. He has been diagnosed with pain disorder associated with both psychological factors and general medical condition, mood disorder with major depressive like features, due to a medical condition and cannabis use for medical purposes. He has a history of prior Methamphetamine and Cocaine abuse both now in full sustained remission. Psychologically he reports frequent anger about his pain condition, decreased self-esteem, depressed mood, isolation, crying and poor sleep. He has been treated with conventional medical treatments, physical therapy, extensive surgical interventions, pain medications general and opiate, and psychiatric medications. A request for 8 sessions of "medication-related cognitive behavioral therapy" was made and non-certified with a modification offered of 4 sessions approved and 4 non-certified. This independent medical review will concern itself with a request to overturn the non-certification of these treatment sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

EIGHT (8) SESSIONS OF MEDICATION-RELATED COGNITIVE BEHAVIORAL THERAPY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

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

Decision rationale: After a careful review of all of the files that were provided for this independent medical review, I have concluded that the non-certification of 8 cognitive behavioral therapy sessions was correctly modified to an approved 4 sessions. This patient appears to be a very good candidate for cognitive behavioral therapy based on his symptoms of severe depression and the severity of this pain condition and resulting difficulties he is facing. However the MTUS guidelines for cognitive behavioral therapy specifically state the patient should be offered an initial blocked of 4 sessions and that subsequent sessions are contingent entirely on documented functional objective improvements derived from the initial block of sessions. I was unable to find any documented notes with regards to the outcome of this initial block of sessions in the paperwork that I received for this review. The MTUS guidelines do suggest that if the patient has benefited from the initial block of three to four sessions that additional sessions, up to a maximum of 10, can be offered. The treatment providers should follow this format and state whether or not there seems to be any benefit that was derived from initial trial of treatment, subsequent to this information additional sessions can be provided; however because none of this is present in the medical chart, it's not possible to overturn the decision. It does appear that he has had some prior group therapy sessions back in 2009 but it is not clear if there was any benefit, and then starting again in February of 2013 again restarted therapy but it's unclear how much therapy he has had. The total number of sessions to date is needed as well as the results of those sessions to be able to authorize more psychological treatment. This is not to say that the patient does not need such treatment only that there is insufficient evidence to support overturning the non-certification decision.