MAXIMUS Federal Services

Case Number:	CM13-0022694		
Date Assigned:	12/27/2013	Date of Injury:	06/01/2009
Decision Date:	05/06/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/10/2013

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 Psychology, 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 50-year-old female who reported an injury on 06/01/2009 after she loaded a wheelchair into a trunk. The injured worker reportedly sustained an injury to her low back and cervical spine. The injured worker's treatment history included physical therapy, chiropractic care, acupuncture, medications, and a functional restoration program. The injured worker was evaluated on 11/14/2013. It was documented that the injured worker continued to have neck pain radiating into her head and upper extremities. Physical findings of the cervical spine documented limited range of motion secondary to pain and tenderness to palpation of the paravertebral musculature. Physical evaluation of the right shoulder documented limited range of motion secondary to pain with tenderness to palpation over the glenohumeral joint and trapezius musculature. Physical evaluation of the left shoulder documented tenderness to palpation in the parascapular musculature, subdeltoid bursa, and trapezius muscle. The injured worker's diagnoses included cervical radiculitis, rotator cuff injury, and chronic pain syndrome. The injured worker's treatment plan included pain management counseling to assist the injured worker with developing non-medical pain coping skills to minimize reliance on pain medication and reduce office visits, and improve functionality. It was documented that the injured worker had not tried any pain management counseling in the past.

IMR ISSUES, DECISIONS AND RATIONALES

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

COGNITIVE BEHAVIORAL THERAPY ONCE WEEKLY FOR 6 MONTHS (26 VISITS): 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 Behavioral Interventions Page(s): 23.

Decision rationale: The requested decision for behavioral therapy once weekly for 6 months for a total of 26 visits is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends cognitive behavioral therapy for patients who have emotional stressors and are at risk for delayed recovery. California Medical Treatment Utilization Schedule recommends up to 10 visits based on objective functional improvement. The request exceeds this recommendation. Additionally, it is noted within the documentation that the patient previously participated in a functional restoration program. This type of therapy would have been provided within the program. The clinical documentation submitted for this injured worker indicates that a functional restoration program failed to assist the injured worker in coping mechanisms. The requesting provider did not provide sufficient rationale to support the need of additional cognitive behavioral therapy, considering the injured worker previously failed to respond to therapy provided during the functional restoration program. Also, the request exceeds guideline recommendations. The clinical documentation submitted for review did not provide any exceptional factors to extend treatment beyond guideline recommendations. As such, the requested cognitive behavioral therapy once weekly for 6 months for a total of 26 visits is not medically necessary or appropriate.