

Case Number:	CM13-0024343		
Date Assigned:	01/22/2014	Date of Injury:	05/17/2011
Decision Date:	03/25/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	09/13/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Licensed in Psychology, has a subspecialty in Health 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:

This patient is a 56 year old male who reported sustaining a work related injury on May 17, 2011 when he reported neck and bilateral shoulder pain with radiating numbness in left arm. The injury is described as a cumulative trauma injury and was first noticed after 6 hours of work as an auto technician. In addition to his medical diagnoses, he has been diagnosed with a psychological condition of an Adjustment disorder with Depressed and Anxious features (chronic). This diagnosis was later changed to Depressive Disorder NOS after a comprehensive psychological assessment. He struggles with poor sleep during which is time his shoulders get locked up and this wakes him up after just a few hours. This lack of sleep was described as the main source of his psychological struggles and causes irritability he has also had a loss of libido with some episodes of panic and anxiety about not working. His medical treatments to date have included conventional medical treatment, chiropractic, physical therapy, pain medications psychiatric medications for depression and a surgical procedure. He reports continued pain, headache and loss of functional capacity. A request for 6 sessions of psychotherapy was non-certified with a modification of 4 sessions offered.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Psychology sessions 1x/week QTY: 6.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 23-25.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two, Behavioral Interventions: Cognitive Behavioral therapy Page(s): 23.

Decision rationale: The Expert Reviewer's decision rationale: The guidelines for initiating cognitive behavioral therapy for pain management are very specific and state that an initial set of 3-4 sessions should be tried and if there is objective functional improvement that is clearly documented an additional set of sessions 6-10 total over a 5-6 week period can be offered. This initial request for 6 sessions is 2 more than is recommend by the guidelines for an initial trial to see if there is objective functional improvement that would warrant a longer treatment authorization; therefore the non-certification is upheld.