

Case Number:	CM13-0028916		
Date Assigned:	11/01/2013	Date of Injury:	12/05/2008
Decision Date:	02/17/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/25/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and Pulmonary Diseases, 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 physician 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 patient is a 41-year-old female who reported an injury on 12/5/08. The patient is diagnosed with anxiety, urinary frequency, depression, pain in a joint involving the shoulder region, chronic pain syndrome, cervicgia, pain in the thoracic region, and COAT. The patient was seen by [REDACTED] on 10/11/13. She reported moderate to severe pain, as well as anxiety, depression, and insomnia. Physical examination revealed tenderness to palpation of the cervical spine, decreased sensation in the left upper extremity, diminished and painful range of motion of the cervical spine, tenderness to palpation of bilateral upper trapezius and posterior cervical area with active trigger points, and palpated trigger twitch response with regional pain syndrome. Treatment recommendations included continuation of current medication and a referral for a psychiatrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

16 sessions of cognitive behavioral therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19-20, 23.

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

Decision rationale: California MTUS guidelines allow for an initial trial of 3-4 psychotherapy visits over two weeks. As per the clinical note submitted, the patient does report anxiety, depression, and insomnia; however, the current request for 16 sessions of cognitive behavioral therapy exceeds guideline recommendations. The patient has previously attended individual psychotherapy. Documentation of objective, measurable functional gains with improvement in activities of daily living was not provided. Based on the clinical information received, and the California MTUS guidelines, the request is noncertified.