

Case Number:	CM13-0031499		
Date Assigned:	12/04/2013	Date of Injury:	06/04/2012
Decision Date:	01/10/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	10/03/2013

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, 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 33-year-old male who reported an injury on 06/04/2012. The patient is currently diagnosed with a cervical spine sprain with disc bulging, thoracic spine strain, lumbar spine strain, status post repeat arthroscopy of the right shoulder, left shoulder status post arthroscopy, left wrist carpal tunnel release, sternal trauma with chest pain, left-sided multiple rib fractures, complaints of anxiety and complaints of headaches. The patient was recently evaluated by [REDACTED] on 11/06/2013. The patient was actively participating in physical therapy. The patient reported headaches and severe neck pain. Physical examination revealed painful range of motion with significant trapezial spasm. The treatment plan included a physical therapy program for the cervical spine as well as the shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 psychotherapy sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), cognitive behavioral therapy guidelines..

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

Decision rationale: The California MTUS Guidelines state that behavioral interventions are recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. The California MTUS Guidelines reference the ODG Cognitive Behavioral Therapy Guidelines for Chronic Pain, which indicate an initial trial of 3 to 4 psychotherapy visits over 2 weeks. With evidence of objective functional improvement, a total of up to 6 to 10 visits over 5 to 6 weeks, including individual sessions, may be warranted. As per the clinical notes submitted, the patient has previously participated in 22 sessions of psychotherapy treatment. Documentation of objective functional improvement and a reduction in medication usage or an increase in work capacity was not provided for review. Without evidence of objective functional improvement, additional treatment cannot be determined as medically appropriate. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.