

Case Number:	CM13-0044739		
Date Assigned:	12/27/2013	Date of Injury:	01/29/2008
Decision Date:	07/03/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/28/2013

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 53 year old male who reported an injury on 01/29/2008 while fueling an aircraft he was pulling out the fueling hose and the hose stopped and pulled him back. He reported another injury of similar mechanism on 04/08/2009. The injured worker had a history of chronic bilateral upper extremity symptoms with ulnar neuropathy and superimposed compression on the wrist, status post disc replacement of C5-6, C6-7 in March 2012 and previous cervical fusion at C5-6 in April 2010. He also had chronic lower back pain with MRI evidence of left foraminal stenosis at L5-S1; left shoulder pain and cervical revision on 02/23/2012 with disc replacement of C5-6 and C6-7. On 04/02/2013 the injured worker had a psychological evaluation at which he complained of severe neck pain, mid through lower back pain, stress, an inability to relax, worry, ringing in the ears, numbness and tingling. He reported his pain level at 6-9/10. His medication list was ibuprofen, Trazodone, Cialis, Cymbalta, Lyrica, Norco and Celebrex. His diagnoses were anxiety disorder NOS, adjustment disorder with depression and anxiety. He had a test of 21 on BDI, which showed borderline mild to moderate depression and BAI score revealed moderate anxiety. The actual scores were not provided. The recommended treatment plan was ten sessions of individual therapy, if there was improvement from the 1st 10 sessions then to have group therapy with five other chronic pain patients. The request for authorization was signed and dated 04/15/2013. The rationale for the request was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

COGNITIVE BEHAVIORAL THERAPY 1 X WK X 10 WK: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines COGNITIVE BEHAVIORAL THERAPY (CBT) GUIDELINES Page(s): 101.

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

Decision rationale: The injured worker has objective findings of anxiety and depression. The MTUS Chronic Pain Guidelines recommend an initial trial of 3-4 sessions of psychotherapy of 2 weeks. The request for 10 sessions exceeds the recommended number of sessions. Therefore, the request is not medically necessary and appropriate.