

Case Number:	CM13-0047527		
Date Assigned:	12/27/2013	Date of Injury:	08/26/2011
Decision Date:	06/27/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	11/04/2013

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 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:

According to the medical records provided for this review, this patient is a 34 year old male reported a work-related injury that occurred on August 26th 2011. The injury occurred during his normal work duties for [REDACTED] while trying to place a pipeline under the sidewalk using a blowpipe which kicked back on some hard rock and resulted in a direct blow to his shoulder causing severe sharp pain that has persisted over time despite treatment with multiple physical modalities including, non-steroidal anti-inflammatory drugs, physical therapy, pain medications, physical therapy, cortisone injections, and surgery. He reports constant neck pain that radiates from the neck down into his arm, elbow and index finger with numbness and tingling. The pain limits his ability to engage in social activities and recreational activities is affecting his concentration and thinking most of the time, and causes depression and anxiety. Because of the nature of his work, he has been able to return to work. A request for 10 sessions of cognitive behavioral therapy and 1 psychological evaluation was made, and not approved. This independent medical review of his records will address a request to overturn this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

TEN (10) COGNITIVE BEHAVIORAL THERAPY VISITS AND PSYCHOLOGY EVALUATION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23, 100-101.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two Behavioral Interventions, Cognitive Behavioral Therapy pages 23, 100 Psychological Eval.

Decision rationale: Although the medical records reviewed were not very detailed regarding his current psychological status, there was sufficient evidence indicating that the patient would be a good candidate for an initial trial of cognitive behavioral therapy. However, the particular way this request was written for 10 sessions and a psychological evaluation cannot be approved as it is. Typically a psychological evaluation is first conducted prior to the start of CBT and helps to document its need as well as providing an accurate diagnosis of what is being treated. Request the start of treatment with 10 sessions before the completion of the evaluation is like putting the cart before the horse. The MTUS guidelines do suggest that an evaluation can be "generally accepted, well established diagnostic procedure." It can also establish a baseline level of functioning upon which future sessions can be based upon which treatment outcome can be measured. Regarding the request for 10 sessions of CBT, there is also an issue of following the correct treatment guidelines which specifically state that an initial set of three to four sessions is recommended and if, and only if, the initial sessions show clearly objective functional improvement that are documented, additional sessions may be authorized based on that finding of medical necessity being established. This request for 10 sessions exceeds the maximum amount allowed under the MTUS guidelines and bypasses the requirement that the initial sessions show results in the form of functional improvement. It would be recommended that this request for treatment could be resubmitted in light of this. The request is not medically necessary and appropriate.