

Case Number:	CM13-0049829		
Date Assigned:	12/27/2013	Date of Injury:	03/15/2010
Decision Date:	04/18/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/08/2013

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 Psychiatry 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 is a 61 y/o female with date of injury 3/15/2010. Date of UR decision was 10/25/2013. She suffered from chronic pain in neck and right shoulder due to industrial injury. Progress report from 10/22/2013 lists psychological subjective complaints of "feeling depressed", objective findings are of tearfulness while talking about her life and being forced into early retirement because of the injury. Most current psychotropic medications include Restoril for sleep. She has been taking pain medications. Has been following up with a psychologist and has been receiving Cognitive Behavioral Therapy for diagnosis of Major Depressive ds, moderate, recurrent and chronic pain. The targeted symptoms in the sessions have been pain tolerance and depressive symptoms. She seems to have received at least 16 sessions of CBT since the injury per the submitted documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 SESSIONS OF COGNITIVE BEHAVIORAL THERAPY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Section Page(s): 23, 100-102.

Decision rationale: The California MTUS states 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. Upon review of the submitted documentation, it is gathered that the injured worker has already exceeded the upper limit of CBT sessions for chronic pain issues per the guidelines quoted above. Request for 6 more CBT sessions is not medically necessary and cannot be affirmed at this time.