

Case Number:	CM13-0050182		
Date Assigned:	03/03/2014	Date of Injury:	03/19/2012
Decision Date:	05/05/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	10/29/2013

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 Physical Medicine & Rehabilitation 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:

The injured worker is a 49-year-old male who sustained an unspecified injury on 03/19/2012. The documentation submitted for review indicated the injured worker had participated in cognitive behavioral therapy for an unknown number of sessions. The injured worker was evaluated on 01/27/2014 for continued complaints of right shoulder pain. The documentation submitted for review did not indicate the injured worker's pain level using the visual analog scale or another approved numerical scale. The physical examination noted the injured worker to have very limited range of motion of the shoulder and numbness to the right hand. The documentation indicated the injured worker underwent a shoulder injection, which the injured worker noted as helpful. The injured worker's diagnoses were noted as status post left shoulder surgery, left frozen shoulder, hyperreflexia of left upper extremity with RSD, sleep disturbance, dry mouth, GI upset, and SAD. The injured worker's medications included Norco 5/325 mg, naproxen 550 mg, and Prilosec 20 mg. The cognitive examination noted the injured worker to have memory, attention, cooperation, and alert awareness to surroundings all within normal limits. The cognitive examination noted the injured worker to be anxious and with mild distress, but otherwise, was found to be within normal limits.

IMR ISSUES, DECISIONS AND RATIONALES

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

COGNITIVE BEHAVIORAL THERAPY ONCE A WEEK FOR SIX WEEKS: Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend cognitive behavioral therapy for patients with risk factors for delayed recovery, including fear avoidance beliefs. The documentation submitted for review did not indicate the injured worker was at risk for delayed recovery, nor that the injured worker had fear avoidance beliefs. The documentation submitted for review indicated the injured worker had previously participated in behavioral therapy; however, the documentation submitted for review did not indicate the outcome of the therapy. There were no objective findings of functional improvement to warrant additional sessions. The documentation did not have findings to support the request for behavioral therapy. Therefore, additional sessions are not supported. Given the information submitted for review, the request for cognitive behavioral therapy once a week for 6 weeks is non-certified.

HYPNOTHERAPY/RELAXATION TRAINING ONCE A WEEK FOR SIX WEEKS:
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), Mental Illness & Stress Chapter.

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

Decision rationale: The California MTUS Guidelines recommend cognitive behavioral therapy for patients with risk factors for delayed recovery, including fear avoidance beliefs. The documentation submitted for review did not indicate the injured worker was at risk for delayed recovery, nor that the injured worker had fear avoidance beliefs. The documentation submitted for review indicated the injured worker had previously participated in behavioral therapy; however, the documentation submitted for review did not indicate the outcome of the therapy. There were no objective findings of functional improvement to warrant additional sessions. The documentation did not have findings