

Case Number:	CM13-0051955		
Date Assigned:	12/27/2013	Date of Injury:	04/07/2011
Decision Date:	04/25/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/15/2013

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 Clinical 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 records provided for this independent medical review, this injured male patient reported an occupational/work related injury on April 7th 2011. According to the patient, his is a cumulative trauma injury that is the result of his repetitive and frequent lifting overhead to trays when loading his truck with hostess products. He is status post 2 shoulder surgeries and several steroid injections and reports ongoing neck pain that radiates into the shoulder with constant right shoulder pain radiating into the arms and both wrists with numbness and weakness and difficulty sleeping. According to the patient he is anxious and sad and tearful with anxiety attacks characterized by shortness of breath, increased heart rate, and panic. He has noticed a loss of ability to golf and surf and perform domestic chores in a manner that he used to do previously. There is irritability in his marriage and loss of quality of life. He was diagnosed in January of 2014 with major depressive disorder not otherwise specified, and pain disorder with psychological factors and general medical condition. There are prior work related injuries. A request for 6 additional sessions of cognitive behavioral therapy was not approved. This independent medical review will address this denial of treatment and a request to overturn the decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

additional sessions of cognitive behavioral therapy, QTY 6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Treatment Guidelines: Psychological Intervention, Pages 105-127; Official Disability Guidelines (ODG), Psychotherapy

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

Decision rationale: Two reasons were provided to support the prior UR decision for denial of additional 6 cognitive behavior therapy sessions; first, the patient did not have a comprehensive psychological evaluation and the second, there was no documentation of significant objective functional improvements achieved from an initial set of sessions. It appears that an initial block of 5 CBT sessions were approved, and that approximately three of them were used. Since the time of the UR denial, in early January a comprehensive psychiatric evaluation was conducted and this information does not appear to have been available to the reviewers. The report provided a diagnosis and treatment plan that includes continued psychological treatment. However, I was unable to locate sufficient documentation of benefit from those sessions. Functional improvement is defined in the MTUS as "clinically significant improvement in activities of daily living or a reduction in work restrictions...and a reduction in the dependency on continuation of the medical treatment. Although there is a progress note stating that there has been some improvement in his condition but slower than expected, this does not adequately meet the documentation requirement for objective functional improvement. In addition, six sessions would bring the total number to 11 (5 initial and 6 subsequent) and only 10 as a maximum is usually offered unless there is an extraordinary situation. It does appear that this injured worker might benefit from more sessions, but it is not possible to authorize this session request as it is presented at this time. There likely were 2 more sessions, or at least one since the original UR was made. If the final 2 sessions were conducted, and there is objective documented functional improvement, the patient may be possibly eligible for 5 sessions maximum, not six as was requested; therefore the original denial has to be upheld.