

Case Number:	CM13-0053913		
Date Assigned:	12/30/2013	Date of Injury:	04/19/2011
Decision Date:	05/02/2014	UR Denial Date:	10/10/2013
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 Internal Medicine, Pulmonary Diseases 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 female with a reported date of injury on 04/19/2011; the worker was injured when a gallon of bleach fell on her left hand and wrist. The clinical note dated 10/09/2013 stated the injured worker reported decreased motion to her head and neck with radicular pain down the left upper extremity into her left wrist and hand as well as to her low back, as well as left sciatica into the foot and the left side regarding her left shoulders. Physical exam noted that the injured worker had a positive left foraminal compression test with radicular pain down her left upper extremity. The left shoulder examination revealed positive Hawkins, a positive Neer and a positive O'Brien's test. The injured worker utilized nightly bracing for her left carpal tunnel syndrome as well as bilateral thumb Spica Splints. The injured worker has a diagnosis of Left shoulder impingement, bilateral carpal tunnel syndrome. Plan of treatment is to continue follow up with [REDACTED] related to her knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

13 COGNITIVE BEHAVIOR PSYCHOTHERAPY SESSIONS: 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 Expert Reviewer's decision rationale: California MTUS guidelines state behavioral interventions are recommended. The identification reinforcement of coping skills is often more useful in treatment of pain than ongoing medication or therapy, which can lead to psychosocial or physical dependence. The guidelines note screening of injured workers with risk factors for delayed recovery, including fear of avoidance beliefs should be performed. Initial therapy for these "at risk" injured workers should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine. Providers should consider a separate psychotherapy cognitive behavioral referral after 4 weeks if there is a lack of progress from physical medicine alone. The guidelines recommend an initial trial of 3 to 4 weeks of psychotherapy visits over 2 weeks, and with evidence of objective functional improvement, a total of 6 to 10 visits over 5 to 6 weeks of individual sessions may be appropriate. The documentation provided did not include evidence that a baseline assessment and screening was performed in order to demonstrate the injured worker required psychotherapy as well as to provide a baseline by which to assess objective functional improvements with the therapy. The documentation provided did not include objective functional improvement, a noted decrease in symptoms or decreased test scores. The documentation did not include how many previous sessions had already been done by the injured worker. The request for 13 cognitive behavioral psychotherapy sessions would exceed the overall guideline recommendations as well as the recommendation indicating there should first be an initial trial of 3-4 visits over 2 weeks. Therefore, the request is non-certified.