

Case Number:	CM13-0056537		
Date Assigned:	12/30/2013	Date of Injury:	09/12/2012
Decision Date:	03/18/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	11/22/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 patient is a 44 year old Korean male who reported an injury on 9/12/2012 when during the course of his work as a tree cutter a very heavy redwood tree limb fell upon the top of his head, and he sustained both head and neck injury. There was a significant concussion, cervical spinal cord injury with contusion and central cord syndrome. His treatments today partially include conventional medical treatment, occupational therapy, physical therapy, CAT and MRI brain scans, neuropsychological evaluation pain medication which he tries to use sparingly as he is in recovery, and gabapentin. He reports neck pain and both upper extremity pain with worse on the left radiating pain to the left forearm and fingers, headache and vertigo, temperature regulation and short term memory problems.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 Cognitive behavioral therapy sessions: Upheld

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

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

Decision rationale: The request for 10 sessions of CBT was non-certified based on it not following the standard protocol for CBT sessions outline in the guidelines that an initial block of 3-4 sessions is recommended and subsequently additional sessions might be approved if the original block resulted in documented objective functional improvement. After a careful review of the 307 pages of medical records provided for this IMR it remained unclear if this was an initial request for cognitive behavioral therapy or if this was a request for additional sessions and a continuation of an already in progress treatment utilizing CBT. It appears to me that this is an initial request but in a few of the medical progress notes it states continued CBT and I did not see any notes from any prior CBT treatments so I have to assume this is an initial request, in which case the number of sessions (10) is six more than can be certified for an initial treatment trial. Therefore the non-certification is upheld.