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| Case Number: | CM13-0058081 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 09/13/2010 |
| Decision Date: | 08/26/2014 | UR Denial Date: | 11/20/2013 |
| Priority: | Standard | Application Received: | 11/26/2013 |

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 licensed in Psychology and is licensed to practice in Utah. 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 51 year old patient had a date of injury on 9/13/2010. The mechanism of injury was working yard duty at middle school when child ran into her right shoulder. On a physical exam dated 10/18/2013, the patient has tenderness along right shoulder blade but ROM right shoulder is in all planes. The patient shows mildly decreased ROM with pain produced in all planes of movement at the end ranges. Diagnostic impression shows right shoulder pain, sprain/stain of right right shoulder. Treatment to date: medication therapy, behavioral modification. A UR decision on 11/20/2013 denied the request for cognitive behavioral therapy, stating in the reports viewed, a CBT cannot be certified until a formal psychotherapy evaluation occurs.

IMR ISSUES, DECISIONS AND RATIONALES

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

COGNITIVE BEHAVIOR THERAPY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19-23.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that behavioral modifications are recommended for appropriately identified patients during treatment for chronic pain, to address psychological and cognitive function, and address co-morbid mood disorders

(such as depression, anxiety, panic disorder, and posttraumatic stress disorder). Additionally, CA MTUS supports an initial trial of 4 psychotherapy visits. CA MTUS Chronic Pain Medical Treatment Guidelines state that behavioral modifications are recommended for appropriately identified patients during treatment for chronic pain, to address psychological and cognitive function, and address co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). In addition, CA MTUS Chronic Pain Medical Treatment Guidelines state that with evidence of objective functional improvement, a total of up to 6-10 visits. In the reports viewed, the patient is noted to suffer from chronic pain in her neck and shoulder. However, there is no documentation of the number of Cognitive Behavioral Therapy sessions being requested. A prior UR decision did modify the request to allow for a psychotherapy evaluation prior to initiating cognitive behavioral therapy. Therefore, the request for cognitive behavioral therapy was not medically necessary.