

Case Number:	CM13-0061146		
Date Assigned:	12/30/2013	Date of Injury:	02/17/2012
Decision Date:	03/27/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/04/2013

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 Psychiatry and Neurology 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:

The patient is a 50 year old male with date of injury 2/17/2012. The worker sustained injury to left index finger while cutting meat. Psychological exam on 12/09/2013 states that the injured worker has normal affect, Beck Depression Inventory score is 9 (minimal). He complains of pain in left side of neck, shoulder, left hand, index/middle fingers and thumb. Medications have included Norco, ibuprofen, Lyrica. Progress report from 11/19/2013 reports that he has pleasant affect; he is reporting some erectile dysfunction today. On the same date, the primary treating physician states the patient needs cognitive behavioral intervention to help him cope with his newly acquired disability which is having profound effect on his function.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral intervention: 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), Cognitive Behavioral Therapy guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 23 and 100-102.

Decision rationale: California MTUS states that behavioral interventions are recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. The injured worker has no listed psychological symptoms from the chronic pain in the documentation reviewed. There is no mention of any fear avoidance beliefs. The request also does not mention the number of sessions of CBT requested and the goals from the treatment. Additional information is required to ascertain medical necessity.