

Case Number:	CM13-0067353		
Date Assigned:	01/03/2014	Date of Injury:	06/21/2008
Decision Date:	05/12/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/17/2013

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 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 patient is a 52-year-old male who suffered a work-related injury on 6/21/08 while working as a heavy machinery technician. The patient injured both of his shoulders and developed bilateral shoulder pain. He underwent a right arthroscopic rotator cuff repair on 5/27/2011, a left arthroscopic rotator cuff repair on 11/18/2011, a C4-C5 anterior cervical decompression and fusion and removal of C5-C7 plate on 11/29/2012, and right carpal tunnel and orbital tunnel surgery on 5/30/13. On 8/19/2013, the patient was diagnosed with major depressive disorder, recurrent, anxiety disorder not otherwise specified, and given a GAF of 63. On 12/17/2013, the patient reported nausea, insomnia, chills, chest pain (not currently), depression, headaches, stomach upset, sleepiness, constipation, and a review of systems showed the patient to be well developed, well nourished, in no acute distress, and alert and oriented x3. The patient reported ongoing right side facial numbness and pain, right wrist pain, right elbow pain, and pain in the upper neck and shoulders. The patient was reported to be receiving treatment for depression and current prescriptions were noted to be Norco, Remeron, Prilosec, Colace, Lyrica, Lidoderm, Motrin, Lopressor, Abilify, Wellbutrin, and Depakote.

IMR ISSUES, DECISIONS AND RATIONALES

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

COGNITIVE BEHAVIORAL THERAPY ONCE A WEEK FOR SIX WEEKS: 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, COGNITIVE BEHAVIORAL THERAPY Page(s): 23.

Decision rationale: The patient has a history of depression and anxiety related to his industrial injury and ongoing pain. Records indicate he had psychiatric and psychological care for his psychiatric injury; however, there is no record of the number of psychotherapy sessions attended and only a single psychological treatment note, dated 3/14/13, that requests 8 more sessions and psychological testing. Additionally, the records do not contain any evidence of objective functional improvement as a result of the provided psychotherapy sessions.