

Case Number:	CM13-0068868		
Date Assigned:	01/03/2014	Date of Injury:	06/14/2008
Decision Date:	03/28/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/19/2013

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 expert 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 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:

According to the medical records provided for this review, this patient is a 60 year old Spanish speaking female who reported a work related injury on June 14th 2008. Her reported injury was caused by a large cart (500 pounds) that was pushed by a coworker, hitting her in the right side of her body and in particular her right shoulder. She continues to report considerable pain in her right shoulder that radiates into her right arm, neck, left shoulder, left arm, low back, and bilateral lower extremities. This makes performing activities of daily living difficult. She reports considerable depression because of the loss of ability to work and due household chores and serious difficulty sleeping. She has been diagnosed with right shoulder impingement syndrome as well as cervical sprain syndrome with complaints of left shoulder pain due to overuse she subsequently has had some surgical intervention. She says that she is very depressed and has lots of anxiety about her future things getting worse subsequent to the surgery on her shoulder. She has been diagnosed with generalized anxiety disorder, insomnia and major depressive disorder, single episode, moderate. A request for "group medical psychotherapy, CBT, 12 visits" was non-certified; however a modification was offered for 6 visits of "group medical psychotherapy, CBT, 6 visits was certified. This independent medical review will address a request to reverse that decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 group medical psychotherapy CBT visits: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions, Cognitive Behavioral Therapy Section Page(s): 23.

Decision rationale: After a careful review of all of the medical records that were provided for this IMR, there was a nearly complete absence of any specific objective measures of her psychological status. Still, it does appear that she is clinically depressed and might benefit from psychotherapy. The guidelines specifically state that an initial trial of 3-4 sessions should be used and if those additional sessions show functional improvement then up to 10 total sessions can be authorized. It will be essential that the treating psychologist clearly documents the specific functional improvement that are achieved, if any, and to submit them with any future requests for additional sessions, if they are medically indicated. According to the official guidelines this non certification of 12 sessions was appropriate because it exceeds the proper number of sessions 3 to 4 which should be used for the initial trial.