

Case Number:	CM13-0072644		
Date Assigned:	01/17/2014	Date of Injury:	02/27/2007
Decision Date:	04/07/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/31/2013

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 Clinical 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:

According to the medical files provided for this independent review, this patient has reported an occupational injury on February 27, 2007 during the course of her normal work duties. At that time she reported pushing a grocery cart that automatically locks when moved out of range to prevent theft and in so doing she subsequently developed right upper extremity pain, right shoulder pain, neck pain and headaches. She has been diagnosed with shoulder and neck sprain and cervical problems, finger contusion, carpal tunnel syndrome and a skin sensation disturbance. She has tried several psychiatric medications and pain medications, the psych meds have included Wellbutrin, Cymbalta (discontinued) and Buspar; Botox has also been used for the treatment of her headaches. She is also received massage therapy and physical therapy for the pain. She completed a 20 day comprehensive functional restoration program following a 5 day opiate detoxification. There is a note that she suffers significant anxiety and depression related to her injury. She has been diagnosed with pain disorder associated with psychological factors, and Depressive Disorder, NOS (not otherwise specified). She reports several times a week she cries and there is also difficulty sleeping, tiredness, difficulty concentrating, and feelings of low self-esteem. A request for cognitive therapy 12 sessions dated December 5th 2013 was not certified, this independent medical review will address the request to overturn that denial of treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychological Counseling for Cognitive-Behavioral Therapy (CBT) x 12 Sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: After a careful review of all the medical records that were provided for this independent review, I concur with the original decision that the rationale for 12 additional cognitive behavioral therapy sessions is not substantiated as being medically indicated based on the documents provided. There are two reasons for this, first the patient completed a 20 day intensive a functional restoration in which time she likely received cognitive behavioral therapy concepts and education that would be comparable to what someone would receive as an outpatient, because the functional restoration programs are considered to be a step up in treatment intensity from outpatient programs and typically are inclusive of the kind of CTB concepts provided in outpatient treatment thus duplicating the same material. The decision to not provide additional cognitive behavioral therapy is not a statement of her symptomatology and whether it is substantial enough to require additional treatment, it is based upon the fact that she is already engaged in an intensive treatment program and the second issue: 2. even if cognitive behavioral therapy sessions were warranted, which in this case they do not appear to be, the guidelines state that an initial block of 3 to 4 treatment sessions be used and that any additional sessions if indicted would require clearly documented objective functional improvement from the initial 3-4 sessions. This request for 12 sessions ignores that requirement entirely and exceeds the maximum number of sessions recommended which are 10 and only if with the above mentioned documentation.