

Case Number:	CM14-0003596		
Date Assigned:	01/31/2014	Date of Injury:	12/08/2004
Decision Date:	06/20/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/09/2014

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 claimant is a 49-year-old female (██████████), with a date of injury of 12/8/2004. The claimant sustained an injury to her shoulder while working as a certified nursing assistant (CNA). The mechanism of injury was not found within the medical records. In a 01/29/2014 "Primary Treating Physician's Narrative Report", ██████████ diagnosed the claimant with: (1) Shoulder pain RC; (2) Myofasciitis; and (3) Cervicobrachial syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 SESSIONS OF COGNITIVE BEHAVIORAL THERAPY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PSYCHOLOGICAL TREATMENT, 101

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PSYCHOLOGICAL TREATMENT, 101-102

Decision rationale: Based on the review of the medical records, the claimant has been struggling with her chronic pain since her injury in 2004. It does not appear that the claimant has participated in any psychological services, as there are no psychological/psychiatric records

offerd for review and no note of previous services. Without a psychological evaluation that offers more specific diagnostic information and pertinent treatment recommendations, the need for cognitive behavioral therapy (CBT) sessions cannot be fully determined. The Chronic Pain Guidelines indicate "Step 2: Identify patients who continue to experience pain and disability after the usual time of recovery. At this point a consultation with a psychologist allows for screening, assessment of goals, and further treatment options, including brief individual or group therapy". As a result, the request for "Twelve (12) sessions of cognitive behavioral therapy" appears to be premature at this time and therefore, is not medically necessary.