

Case Number:	CM14-0006388		
Date Assigned:	02/07/2014	Date of Injury:	11/30/2009
Decision Date:	06/20/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/16/2014

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 Board Certified in Clinical Psychology, has subspecialties 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:

This patient is a 55 year old female who reported a work-related injury on 11/30/09. The injury occurred when she was lifting heavy linen bags in the course of her normal work duties. The patient has complaints of right shoulder pain, status post-surgery left shoulder pain, neck pain, upper back pain, bilateral forearm and wrist pain, sleep difficulties due to pain, depression, and GI difficulties due to medication use. She struggles with symptoms of anxiety and depression on a frequent basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 SESSION 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, BEHAVIORAL INTERVENTIONS, 23

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, PART TWO BEHAVIORAL INTERVENTIONS, COGNITIVE BEHAVIORAL THERAPY, 23

Decision rationale: According to the medical records provided, the patient was requesting one session due to an acute situational depression following her mother's death. The patient reported feeling unmotivated to do things with a depressed mood; she felt like she needed a little bit of support. The issue is unfortunately not connected to her industrial injury as determined by her insurance adjuster. Grief work is a separate therapeutic treatment and because it is not industrial occupational related it cannot be legitimately covered under her benefits. As such, the request is not medically necessary.