

Case Number:	CM14-0105149		
Date Assigned:	08/01/2014	Date of Injury:	10/04/2011
Decision Date:	10/14/2014	UR Denial Date:	06/14/2014
Priority:	Standard	Application Received:	07/08/2014

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 Texas. 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 injured worker is a 59 year old male who reported an injury on 10/04/2011. The mechanism of injury was reported as cumulative trauma. His diagnoses were cervical myoligamentous injury with upper extremity radicular symptoms, bilateral carpal tunnel syndrome, bilateral shoulder sprain/strain, lumbar myoligamentous injury with bilateral lower extremity radicular symptoms, reactive airway disease, depression, and medication induced gastritis. His treatments included an epidural steroid injection, physical therapy, acupuncture, and self-directed stretching and therapy. He had an MRI of the lumbar spine on 02/25/2014; cervical spine MRI on 11/10/2011; and a right and left shoulder MRI on 06/09/2012. He also had an electromyogram of the upper extremities and the lower extremities done on 03/16/2012. He had right shoulder surgery on 04/03/2013. He had a psychological evaluation done on 08/01/2012 and 08/05/2013. His most recent medications were listed on 04/25/2014 as Norco 10/325mg twice daily, Anaprox DS 550mg twice daily, Prilosec 20mg twice daily, Neurontin 300mg twice daily, and Prozac 80mg daily. The note from 06/02/2014 showed the injured worker reported an improvement in his emotional condition and treatment, but he continued to experience persisting pain which interfered with his activities of daily living and sleep. The mental status examination noted he was sad, anxious, and had poor concentration and body tension. However, it was reported that the injured worker reported improvement in his mood, ability to relax, and ability to cope with treatment. The treatment plan was for an additional 6 sessions of cognitive behavioral group therapy, 1 time per week for 6 weeks. The rationale for the request was to treat stress, anxiety, and depression. The request for authorization form was submitted on 06/05/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional 6 sessions of cognitive behavioral group therapy, once a week for six weeks to treat stress, anxiety, and depression: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain-Hypnosis

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 101-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Behavioral interventions (CBT)

Decision rationale: Based on the clinical information submitted for review, the request for additional 6 sessions of cognitive behavioral group therapy, 1 time per week for 6 weeks is not medically necessary. The California MTUS Guidelines state psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. The Official Disability Guidelines further state, up to 13-20 visits of cognitive behavioral therapy is supported if progress is being made. The injured worker reported persisting pain which interfered with his activities of daily living and sleep. Upon mental status examination it was noted that the injured worker was sad, had poor concentration, body tension, and was anxious. However, in the same note it was documented that he had an improvement in his mood, ability to relax, and ability to cope with treatment. The guidelines recommend up to 20 visits if progress is being made; however, the documentation provided does not clearly identify what progress the injured worker is making. The clinical notes continuously showed that the injured worker continued to worry excessively about his future and his physical condition and objective findings suggested that he was sad and anxious with poor concentration. Furthermore, it is unclear as to how many sessions of cognitive behavioral group therapy the injured worker has completed. Without documentation of the prior therapy, the request is not supported. As such, the request for additional 6 sessions of cognitive behavioral group therapy, 1 time per week for 6 weeks is not medically necessary.