

Case Number:	CM14-0109381		
Date Assigned:	08/01/2014	Date of Injury:	06/12/2002
Decision Date:	09/30/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/14/2014

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 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 42-year-old male who reported an injury on 06/12/2002 caused by an unspecified mechanism. The injured worker's treatment history included medications, psychological services, and surgery. The injured worker was evaluated on 07/07/2014 and it was documented that the injured worker complained of bilateral shoulder pain that he feels it was a majority due to his neck symptoms. He currently rated his pain 9/10 on the pain scale. The findings of the bilateral shoulder examination revealed there was no gross deformity, no masses or swelling, previous incision sites have healed well. There was tenderness to palpation over the greater tuberosity as well over the subacromial region, range of motion was 150 degrees abduction, and 140 degrees forward flexion, 30 degrees internal rotation, and 30 degrees external rotation bilaterally. Positive Neer sign bilaterally and positive thumbs down sign bilaterally. Positive pain with arc of rotation. Upon examination revealed there was no gross deformity, no masses, no swelling and no other cutaneous abnormalities. There was tenderness over the paraspinal muscles as well as over the mid and upper trapezius. There were plus 2 muscle spasms noted. The injured worker had a positive compression and a positive distraction test. There was decreased sensation noted over the lateral forearm bilaterally. There was decreased wrist extension on the right. The upper extremity remained 5/5. Reflexes remain 2 plus for the biceps, triceps and brachioradialis. Within the documentation submitted in the psychological assessment services it was documented that the injured worker's insight and judgment was fair. Words of the subjective complaints was illegible. Diagnoses included radiculopathy to the upper extremities, musculoligament strain of the cervical spine, and impingement syndrome of the shoulders bilaterally. Medications included Norco, Flexeril, docusate, Wellbutrin, and trazodone. The Request for Authorization or rationale was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy four times a month for three months: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback Page(s): 24.

Decision rationale: The request for psychotherapy 4 times a month for 3 months is not medically necessary. The Chronic Pain Medical Treatment Guidelines states that the cognitive behavioral sessions is not recommended as a stand-alone treatment, but recommended as an option in a cognitive behavioral therapy (CBT) program to facilitate exercise therapy and return to activity. The guidelines states that patients should be screened for patients with risk factors for delayed recovery, as well as motivation to comply with a treatment regimen that requires self-discipline. Initial therapy for these "at risk" patients should be physical medicine exercise instruction, using a cognitive motivational approach to PT. Possibly consider biofeedback referral in conjunction with CBT after 4 weeks: - Initial trial of 3-4 psychotherapy visits over 2 weeks- With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions). The documentation submitted failed to indicate the injured worker's long term functional goal. The documents submitted for review from psychological assessment were illegible. Additionally, the request will exceed recommended amount of number of visits per the guidelines. Given the above, the request for cognitive behavioral therapy group psychotherapy is not medically necessary.