

Case Number:	CM14-0013719		
Date Assigned:	02/26/2014	Date of Injury:	10/31/2012
Decision Date:	08/26/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	02/03/2014

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 Psychologist and is licensed to practice in Utah. 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 is a 46-year-old female with a 10/31/12 date of injury. The patient was required to use a handler of a machine that tested computer chips. She used this machine through the workday and used the hands for repetitive computer and mouse. According to a psychologist's note dated 12/12/13, the patient had completed 4 therapy sessions. She endorsed feeling better and attributed this to decrease in repetitive motions for the past 3 weeks as she has been on vacation. She noted that she has been doing the paced respiration, socializing with family more, and has found the exercises helpful for insomnia, and pain and mood management. Objective findings: somatic complaints have decreased, pain complaints have decreased, functional complaints have decreased, depression has decreased, and anxiety has decreased. Diagnostic impression: chronic pain syndrome. Treatment to date: medication management, activity modification, surgery. A UR decision dated 1/16/14 denied the request for 6 sessions of cognitive behavioral therapy. Documentation identifies the patient has previously undergone 6 cognitive behavioral therapy sessions. There is no significant improvement since the last session of cognitive behavioral therapy. There does not appear to be any significant progress made with treatment, additional sessions do not appear to be warranted at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral therapy times 6: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19-23.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that behavioral modifications are recommended for appropriately identified patients during treatment for chronic pain, to address psychological and cognitive function, and address co-morbid mood disorders (such as depression, anxiety, panic disorder, and post-traumatic stress disorder). In addition, CA MTUS Chronic Pain Medical Treatment Guidelines state that with evidence of objective functional improvement, a total of up to 6-10 visits. According to a therapy note dated 12/12/13, the patient had completed 4 cognitive behavioral therapy sessions to date. It is documented that her tolerance for work functions and/or activities of daily living have increased, strength and endurance have increased, and reliance on other forms of treatment (pain medications, physical therapy, injections, bracing) has decreased. Guidelines support additional therapy sessions in the presence of functional improvement and improved activities of daily living. Therefore, the request for Cognitive Behavioral Therapy times 6 is medically necessary.