

Case Number:	CM14-0014141		
Date Assigned:	02/26/2014	Date of Injury:	04/17/2009
Decision Date:	06/30/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	02/04/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Minnesota, and 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 40-year-old female with an injury reported on 04/17/2009. The mechanism of injury was not provided within the clinical notes. The clinical note dated 12/13/2013, reported that the injured worker complained of neck pain going down into the left arm, with numbness and tingling in the arm and fingers. Upon physical examination, the patient had numbness to palpation of the wrist and elbow. Spasms in the left trapezius muscle were noted. The range of motion with flexion, extension, and bending was reduced due to stiffness to the left upper extremity. Prescribed medication included Pamelor 10 mg. Diagnoses included rotator cuff capsule sprain, rotator cuff syndrome, and neck sprain and strain. The provider requested cognitive behavioral therapy weekly for 12 sessions and pain management group psychotherapy, 12 sessions; both rationales were not provided for review. The Request for Authorization was submitted on 01/28/2014. The patient's prior treatments were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

COGNITIVE BEHAVIORAL THERAPY, WEEKLY FOR 12 SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions, page 23. Page(s): 23.

Decision rationale: The MTUS guidelines recommend behavioral interventions. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. The ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain include screen for patients with risk factors for delayed recovery, including fear avoidance beliefs. Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone: Initial trial of 3-4 psychotherapy visits over 2 weeks. With evidence of objective functional improvement, total of up to 6 to 10 visits over 5-6 weeks (individual sessions). In this case, there is a lack of clinical evidence indicating the provider had screened the employee for risk factors of delayed recovery, including fear avoidance beliefs. There was a lack of information provided documenting the efficacy of physical medicine, as evidenced by decreased pain and significant objective functional and psychological improvements. Additionally, there is a lack of psychological symptoms and deficits to support the necessity of the requested treatment. Furthermore, the request for cognitive behavioral therapy for 12 sessions exceeds the guideline recommended 6 to 10 sessions. Therefore, the request for cognitive behavioral therapy, weekly for twelve sessions is not medically necessary and appropriate.

PAIN MANAGEMENT GROUP PSYCHOTHERAPY, 12 SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines (ODG)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions, page 23. Page(s): 23.

Decision rationale: The California MTUS guidelines recommend behavioral interventions. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. The Official Disability Guidelines for psychotherapy guidelines include up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made. (The provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate.) In cases of severe Major Depression or PTSD, up to 50 sessions are supported if progress is being made. There is a lack of clinical evidence indicating the provider had screened the injured worker for risk factors for delayed recovery, including fear avoidance beliefs. There was a lack of clinical documentation indicating the provider utilized a cognitive motivational approach to physical medicine. There was a lack of information provided documenting the efficacy of physical medicine, as evidenced by decreased pain and significant objective functional and psychological improvements. Furthermore, there is a lack of psychological symptoms and deficits to support the necessity of the requested treatment. Therefore, the request for pain management group psychotherapy, 12 sessions is not medically necessary and appropriate.

