

Case Number:	CM14-0173077		
Date Assigned:	10/23/2014	Date of Injury:	05/18/2012
Decision Date:	12/02/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/20/2014

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 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 51 year-old female [REDACTED] with a date of injury of 5/18/12. The claimant sustained injury to her back, and right extremity/hand/wrist due to repetitive movements while working as an electronic assembler for [REDACTED]. In his PR-2 report dated 9/18/14, [REDACTED] diagnosed the claimant with: (1) Chronic neck pain due to degenerative cervical spondylosis; (2) Chronic neck pain due to myofascial pain syndrome; (3) Pain disorder with psychological factors/general medical condition; (4) Insomnia, persistent due to chronic pain; and (5) Chronic headache pain due to degenerative cervical spondylosis. The claimant has been treated with medications, physical therapy, and acupuncture. It is also reported that the claimant developed psychiatric symptoms secondary to her work-related orthopedic injury. In his "Psychological Evaluation" dated 8/24/14, [REDACTED] diagnosed the claimant with: (1) Dysthymic Disorder; (2) Pain Disorder Associated with Psychological Factors and a General Medical Condition.

IMR ISSUES, DECISIONS AND RATIONALES

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

CBT (cognitive behavioral therapy) x 10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter

Decision rationale: The CA MTUS guideline regarding the use of behavioral interventions in the treatment of chronic pain as well as the Official Disability Guideline regarding the cognitive treatment of depression will be used as references for this case. Based on the review of the medical records, the claimant continues to experience chronic pain since her injury in May 2012. She has also been experiencing psychiatric symptoms of depression secondary to her chronic pain. The claimant completed an initial psychological evaluation with [REDACTED] in August 2014. In his "Psychological Evaluation" dated 8/24/14, [REDACTED] provides relevant and appropriate information to support the need for follow-up psychological services. He also recommended a "trial of ten sessions of cognitive behavioral pain management training..." The request under review is based on [REDACTED]' recommendation. However, the request for an initial 10 sessions exceeds both the CA MTUS and the ODG guidelines which recommend an initial trial of 3-4 visits (CA MTUS) or 6 visits (ODG). As a result, the request for "CBT X 10" is not medically necessary.