

Case Number:	CM14-0024384		
Date Assigned:	06/11/2014	Date of Injury:	10/06/2009
Decision Date:	07/24/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	02/26/2014

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 and Rehabilitation and Pain Medicine, has a subspecialty in Pain Medicine 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:

This is a 42-year-old patient diagnosed with cervicalgia following a work-related injury sustained on 10/06/09 while vacuuming. A request for 12 sessions of cognitive behavioral therapy treatment was non-certified at utilization review on 02/19/14, noting that the patient had not been assessed for psychotropic medication management to date and the request exceeds the California MTUS guidelines. A Progress note dated December 18, 2013 noted the patient presented with complaints of neck, right shoulder and right upper extremity pain. She reports pain in the right hand with numbness and tingling in digits 3-5. Bilateral upper extremity electromyography (EMG) revealed electrodiagnostic evidence of a mild right median neuropathy at the wrist consistent with mild carpal tunnel syndrome. Right shoulder MRI with arthrogram performed on revealed tendinosis or scarring of the repair catheter without re-tear; questioned bursal synovitis; moderate capsulitis and chondral wear across the acromioclavicular joint with the acromion resurfaced; minor fraying of the posterosuperior labrum behind suture anchor, no gross re-tear. X-rays of the cervical spine, chest, left rib, lumbar, and right shoulder were negative. Musculoskeletal examination identified tenderness to palpation and guarding at the right glenohumeral joint, motor strength 4/5 with right elbow adduction. Range of motion was deferred secondary to pain. Diagnoses were neck pain right C6-7 radiculopathy per EMG, pain and joint shoulder status post right shoulder arthroscopy, depression with anxiety, and cervicobrachial syndrome. Plan was for physical therapy, MRI of the cervical spine, as well as continued use of medications. Behavioral and psychological evaluation performed on 12/02/13, noted the patient was given Axis I diagnoses of depression, generalized anxiety disorder, and pain disorder associated with both psychological factors and general medical condition, chronic. Treatment recommendation was for a referral for psychopharmacological evaluation and

individual cognitive behavioral therapy treatment to assist in managing and coping with symptoms of depression and the effects of chronic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 SESSIONS OF COGNITIVE BEHAVIOR THERAPY TREATMENT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 101. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Cognitive Therapy for Depression.

Decision rationale: ODG states studies show that a 4 to 6 session trial should be sufficient to provide evidence of symptom improvement, but functioning and quality of life indices do not change as markedly within a short duration of psychotherapy, as do symptom-based outcome measures. Additional ODG recommends up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made. This patient has a history of chronic pain with depression and anxiety, and has undergone psychological evaluation, which recommended treatment with cognitive behavioral therapy. However, the requested number of sessions exceeds the recommended trial period of 4-6 sessions. Therefore, the request for 12 sessions of cognitive behavioral therapy treatment is not medically necessary.