MAXIMUS Federal Services

Case Number:	CM14-0051763		
Date Assigned:	07/07/2014	Date of Injury:	03/12/2010
Decision Date:	08/29/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/19/2014

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 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 53-year-old female who reported an injury on 03/12/2010, due to an unspecified cause of injury. The injured worker had a history of lower back pain with diagnoses of chronic pain syndrome and frozen shoulder. The past treatments included postoperative physical therapy, work conditioning for bilateral shoulders, cortisone injections, medication and a total of 10 sessions of cognitive behavior therapy. The past surgeries included a left shoulder arthroscopic repair dated 05/15/2010 and a superior labral tear form anterior to posterior repair of the right shoulder dated 06/10/2011. The medications included Ultram 50 mg, Tylenol No. 3, Rybix 50 mg. No VAS provided. Per the 02/18/2014 clinical notes, the objective findings revealed diffuse tenderness and decreased range of motion of bilateral shoulders. The objective findings also revealed limitation of movement, positive muscle spasms, positive numbness and tingling. The injured worker had a past medical diagnosis of psych with a prescription of Prozac and Xanax. The treatment plan included cognitive behavior therapy, home exercise program and continued medications. The Request for Authorization dated 02/27/2014 was submitted within documentation. The rationale for the cognitive behavior therapy was to treat the chronic pain and associated delayed factors of recovery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavioral Therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognative Behavior Therapy page 23 Page(s): 23.

Decision rationale: The request for Cognitive Behavior Therapy is not medically necessary. The California MTUS guidelines for Cognitive Behavioral Therapy for chronic pain recommend Screening 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. If there is evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual session). Per the documentation provided, there is no evidence that the conservative treatment had failed. The injured worker was given a prescription for Ultram and Tylenol No. 3. Per the documentation, the injured worker had anywhere between 4 and 10 sessions of cognitive behavior therapy and indicated that it had efficacy, however there is no efficacy documentation provided. The request did not address the frequency. As such, the request is not medically necessary.