

Case Number:	CM14-0062387		
Date Assigned:	07/11/2014	Date of Injury:	09/29/2011
Decision Date:	10/01/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	05/05/2014

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 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 44-year-old female with a 9/29/11 date of injury. The mechanism of injury was not noted. According to a progress report dated 3/26/14, the patient had started her CBT with a psychologist. However, she had only been approved for 4 appointments. She stated that she has been having increased pain in her left shoulder and neck. She has been having a great deal of trouble sleeping. Objective findings include limited cervical range of motion (ROM) secondary to pain, tenderness to palpation and several trigger point areas in trapezial and cervical paraspinal areas, altered sensation diffusely throughout her right arm and fingers, decreased ROM of lumbar spine secondary to pain. Diagnostic impression includes lumbar degenerative disc disease, lumbar discogenic pain, lower extremity paresthesias, depression, cervical pain, right arm paresthesias, right shoulder pain, osteoarthritis of acromioclavicular joint on right. Treatment to date includes activity modification, psychotherapy, and trigger point injections. A UR decision dated 4/15/14 denied the request for 8 additional cognitive behavioral therapy sessions. The patient had an initial trial of 4 visits, the results, if any, are unknown. Additional visits may be deemed medically indicated if objective evidence of functional improvement is noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 additional cognitive behavior therapy sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: 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 posttraumatic stress disorder). In addition, MTUS Chronic Pain Medical Treatment Guidelines state that with evidence of objective functional improvement, a total of up to 6-10 visits are recommended. It is documented that the patient had been approved for 4 initial visits of cognitive behavioral therapy. However, it is unclear if she has yet completed them. There were no psychologist notes provided for review. There is no documentation of functional improvement from prior sessions, if completed. Therefore, the request for 8 additional cognitive behavior therapy sessions was not medically necessary.