MAXIMUS Federal Services

Case Number:	CM14-0068435		
Date Assigned:	07/14/2014	Date of Injury:	09/29/2011
Decision Date:	09/29/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/13/2014

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 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 44-year-old female who reported an injury on 09/29/2011. The mechanism of injury was not submitted for review. The injured worker has diagnoses of lumbar degenerative disc disease; chronic low back pain; lumbar discogenic pain; lower extremity paresthesia; cervical pain; right arm paresthesia; right shoulder pain; cervical retrolisthesis of C4-C5, C5-6, and C6-7; right supraspinatus tendinosis; biceps tenosynovitis; osteoarthropathy of the acromioclavicular joint on the right; right subacromial bursitis with glenohumeral joint effusion; and myalgia of the left trapezial area and left cervical paraspinal area. Past medical treatment consisted of cognitive behavioral therapy, physical therapy, trigger point injections, acupuncture, and medication therapy. Medications included Soma, Motrin, venlafaxine, Norco, trazodone, and Cymbalta. On 04/16/2014, the injured worker complained of neck and mid-scapular area pain. The physical examination revealed that the injured worker was tender to palpation on her cervical paraspinals, more so on the right. She had tenderness to palpation in her bilateral trapezial areas. There was limited cervical range of motion, especially rotation to the left. The injured worker had mild decreased range of motion and cervical flexion and extension. The injured worker continued to guard her right arm. Upper extremity strength was 4-/5 on the right and 5-/5 on the left. There was diffused altered sensation throughout her right arm and fingers. The injured worker also revealed to have decreased range of motion of her lumbar spine secondary to pain. Lower extremity strength was 5/5 bilaterally. Lower extremity reflexes were 2+ and symmetrical. There was no clonus or increased tone. The injured worker had decreased sensation in the 2nd and 3rd toes of her right foot and 2nd toe of her left foot. The treatment plan was for the injured worker to continue cognitive behavioral therapy. The provider felt that cognitive behavioral therapy and a Functional Restoration Program would be beneficial to the injured worker. The Request for Authorization form was submitted on 10/21/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavior therapy sessions, 8 additional: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 101-102.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychotherapy ODG Cognitive Behavior Therapy guidelines for chronic pain Page(s): 23.

Decision rationale: The California MTUS Guidelines recommend a psychotherapy referral after a 4 week lack of progress from physical medicine alone. An initial trial of 3 to 4 psychotherapy visits over 2 weeks would be recommended, and with evidence of objective functional improvement, a total of up to 6 to 10 visits over 5 to 6 weeks would be recommended. The requesting physician did not include an adequate psychological assessment, including quantifiable data, in order to demonstrate significant deficits which would require therapy as well as establish a baseline by which to assess improvements during therapy. The submitted reports did not indicate any progress notes on how the injured worker was doing with current cognitive behavioral therapy. Furthermore, the request as submitted exceeds the recommended guidelines. As such, the request for an additional 8 Cognitive Behavioral Therapy sessions is not medically necessary.