

Case Number:	CM14-0088421		
Date Assigned:	07/23/2014	Date of Injury:	07/09/2012
Decision Date:	10/01/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/12/2014

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 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 27 year old female who reported an injury on 07/09/2012 due to lifting. The diagnoses were listed as right shoulder impingement, right shoulder symptomatic glenohumeral joint crepitus, and depressive disorder. The past treatment included physical therapy, a cervical epidural steroid injection, and medications. The injured worker was also noted to have been attending psychological treatments since at least February 2013. The diagnostic studies documented were x-rays, a right shoulder and cervical MRI, and an MR arthrogram of the left shoulder. On 4/18/2014, the injured worker complained of persistent lumbar and neck pain. Upon physical examination, she was noted to have atrophy of the supraspinatus muscle within the shoulder girdle. She was able to forward flex to about 100 degrees and the same with abduction. There was significant glenohumeral crepitus, which could be both heard and palpated over the shoulder. The medications were noted as Percocet, Flexeril, Ibuprofen, and Gabapentin. The treatment plan was to avoid any provocative activities that may advance her current symptoms, to continue her current conservative care, and medications. A request was received for 45-60 minute cognitive behavioral four sessions over two months, 45-60 minute cognitive behavioral 6-8 sessions over next 3 months. The rationale for the request was not provided. The request for authorization was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

45-60 minute cognitive behavioral four sessions over two months, 45-60 minute cognitive behavioral 6-8 sessions over next 3 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and stress, Cognitive therapy for depression.

Decision rationale: The request for 45-60 minute cognitive behavioral four sessions over two months, 45-60 minute cognitive behavioral 6-8 sessions over next 3 months is not medically necessary. According to The Official Disability Guidelines, up to 13-20 visits over 7-20 weeks may be recommended if progress is being made. In cases of severe Major Depression or PTSD, up to 50 visits are appropriate when progressive is being made. According to the medical examiner's report dated 04/23/2014, the injured worker has had psychological treatment for depression since at least February of 2013. However, details regarding this treatment were not provided for review, including the number of visits completed and subjective and objective improvements made with this treatment, were not provided to justify ongoing therapy. In the absence of documentation with evidence to show the efficacy of her previous cognitive behavioral therapy visits, the number of visits completed, and her current psychological status, there is not enough information to support additional visits at this time. Therefore, the request is not medically necessary.