

Case Number:	CM14-0199169		
Date Assigned:	12/09/2014	Date of Injury:	09/01/2011
Decision Date:	01/21/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/26/2014

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 Family Practice 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:

Claimant is a 53 year old female who sustained a work injury on 9/1/11 involving the right shoulder and wrists. She was diagnosed with carpal tunnel syndrome, thoracic outlet syndrome, and right shoulder impingement syndrome. A progress note on 10/13/14 indicated the claimant had felt her shoulder pop. She weighed 390 lbs at the time after undergoing gastric bypass. She had decreased range of motion and increased pain. She had used a TENS unit and topical Pennsaid. She had slightly reduced flexion in the right and left shoulders. Strength was intact. She had decreased range of motion of her left wrist. She had difficulties with activities of daily living including reaching, grasping, fine manipulation and writing. She had been on Duloxetine for neuralgia of the upper extremity. Her activities of daily living were limited. Due to her symptoms, the physician had requested cognitive behavioral therapy to assist with chronic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral therapy times six sessions: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23-25.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 100-102.

Decision rationale: According to the guidelines, cognitive behavioral therapy (CBT)/psychological treatment have been found to be particularly effective. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations. Psychological treatment incorporated into pain treatment has been found to have a positive short-term effect on pain interference and long-term effect on return to work. Based on the claimant's history and the guidelines above, CBT is appropriate and medically necessary.