MAXIMUS Federal Services

Case Number:	CM14-0202034		
Date Assigned:	12/12/2014	Date of Injury:	04/13/1993
Decision Date:	02/06/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/02/2014

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 Physical Medicine Rehab, has a subspecialty in Interventional spine 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:

The patient is a 61 year old male with an injury date of 04/13/93. Per the 09/18/14 report by [redacted]., the patient presents with right shoulder complaint and improved bladder incontinence. The patient ambulates with a wheelchair. Examination shows continued edema in the right lower extremity. The patient's diagnoses include:1. Bilateral shoulder, neck and back pain with chronic pain syndrome2. Bilateral lower extremity motor weakness especially right lower extremity paralysis and palsy secondary to spinal cord infarction and paraplegia3. Right shoulder adhesive capsulitis4. Left knee degenerative joint disease5. Obesity with impaired mobility and ADL's6. History of diabetes7. Bilateral numbness and tingling followed by hand surgeon and receiving therapy8. Lower back pain followed by [redacted]9. Right shoulder adhesive capsulitis and rotator cuff abnormalities followed by [redacted]10. Hypertension (08/26/14 report by [redacted].)11. Hyperlipidemia (08/26/14 report)12. Asthma (08/26/14 report)13. Chronic constipation (08/26/14 report)14. Sleep disorder (08/26/14 report)15. Depression (08/26/14 report)16. Chronic rhinitis (08/26/14 report)17. S/p left carpal tunnel (September 2011), S/p right carpal tunnel surgery (January 2012)18. Bilateral cataract surgery (08/26/14 report)19. Hole right lower extremity shallow ulcer (08/26/14 report)Handwritten and partially illegible psychotherapy reports are provided from 07/22/14 to 09/30/14. The patient is following up with [redacted]., for recommended shoulder surgery, but it has been denied. He is to start authorized acupuncture treatment and has been authorized for "Lenora" for obesity. The patient has reduced Norco use to two a day and continues on Butrans, Lyrica and Terazosin for incontinence. The utilization review dated 11/24/14 denied this request as guidelines state continued therapy is based on demonstration of objective functional improvement and clinical documentation provides no objective measures of pain, depression,

anxiety or stress that have shown improvement or stabilized following multiple session of psychotherapy. Reports were provided for review from 08/01/14 to 11/05/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 CBT psychotherapy sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23-24.

Decision rationale: The patient presents right shoulder complaints for possible shoulder surgery along with improved bladder incontinence through use of Terazosin. The current request is for 12 CBT psychotherapy sessions. The RFA is not included. The 11/24/14 utilization review cites a 10/10/14 progress report; however, this report is not included for review.The MTUS guidelines on page 23-24 discuss behavioral interventions. CBT is recommended with an initial trial of 3-4 psychotherapy visits over 2 weeks. With evidence of objective functional improvement total of up to 6-10 visits over 5-6 weeks (individual sessions). In this case, the treating physician does not explain the need for this treatment. Ten handwritten treatment notes for psychotherapy sessions are provided from 07/22/14 to 09/22/14; however, no conclusion about the patient's progress or recommendations provided for additional treatment. The patient does have a diagnosis of depression and Chronic Pain Syndrome for which CBT is indicated. However, the MTUS guidelines state additional sessions are allowed if there is functional improvement and this has not been documented. The patient has received at least 10 sessions thus far and the 12 sessions requested exceed the MTUS recommendation. As such the request is not medically necessary.