

Case Number:	CM15-0141115		
Date Assigned:	07/30/2015	Date of Injury:	04/29/2013
Decision Date:	09/01/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/20/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 58 year old male who sustained a cumulative industrial injury on 04-29-2013. The injured worker was diagnosed with cervical degenerative disc disease, cervicgia, bilateral carpal tunnel syndrome, mild tendonitis dorsal hands and post-traumatic stress disorder. No surgical interventions were documented. Treatment to date has included diagnostic testing with recent cervical spine magnetic resonance imaging (MRI) in February 2015, bilateral upper extremity Electromyography (EMG) and Nerve Conduction Velocity (NCV) in March 2015, physical therapy, massage therapy, home exercise program, gym membership with aquatic therapy, Biofreeze, individual psychology sessions, cognitive behavioral therapy (CBT) and medications. According to the treating physician's progress report on June 30, 2015, the injured worker currently continues to have weekly individual psychotherapy sessions. According to the report his attitude was consistently engaging with congruent thought content and process and euthymic affect and mood. There was no evidence of declining memory, concentration or attention. Suicidal and homicidal ideation, hallucinations and delusions were denied. The injured worker ambulated without difficulty and appeared comfortable. Skills to overcome symptoms of anxiousness and frustration were reviewed to promote flexibility, acceptance and thought reconstruction. The injured worker declines to take psychotropic medications. According to the medical reviews on the injured worker's physical status, the injured worker's bilateral hand numbness has improved and almost resolved. The injured worker continues to progress with his home exercise program. Current medication noted is Biofreeze. Treatment plan consists of cognitive behavioral therapy once a month for 6 visits, continuing with physical therapy, home exercise program, Biofreeze, authorized gym membership with aquatic therapy and the current request for cognitive behavioral therapy once a week for 6 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral therapy (1 time a week for 6 weeks) Qty: 6.00: 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 Behavioral interventions Page(s): 23.

Decision rationale: Cognitive behavioral therapy (1 time a week for 6 weeks) Qty: 6.00 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that one can consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone. There should be an initial trial of 3-4 psychotherapy visits over 2 weeks and with evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions). The documentation is not clear on how many prior CBT sessions the patient has had in the past and why the patient requires weekly CBT when the documentation recommends monthly CBT as the MTUS supports CBT to teach independent coping skills. Without clarification of this information the request for cognitive behavioral therapy (CBT) is not medically necessary.