

Case Number:	CM15-0187095		
Date Assigned:	09/29/2015	Date of Injury:	04/07/2003
Decision Date:	11/10/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/23/2015

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: California, Arizona, Maryland
Certification(s)/Specialty: Psychiatry

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 57 year old male who sustained an industrial injury on 4-7-03. The medical records indicate that the injured worker is being treated for chronic right shoulder pain; chronic right neck pain; anxiety; depression; chronic myofascial pain. He currently (8-24-15) is having mood swings, he is angry and depressed and on (8-13-15) complained of ongoing neck, thoracic and bilateral shoulder pain. The physical exam (8-13-15) showed "no significant findings". Diagnostics included MRI of the cervical spine showing multilevel spondylosis. Treatments to date include medications: Lamictal, Wellbutrin XL, Ambien, Norco, in the past he was on Zoloft, Cymbalta, Valium, Lidocaine patch, Celebrex, Voltaren; cognitive behavioral therapy; left shoulder injection with relief of pain; status post right shoulder surgery times 2 the last in 2011; multiple radiofrequency ablations the last in 2012 without much benefit; psychotherapy prior treatment was over 1 year ago (7-29-13) and did better while in psychotherapy (8-13-15); trigger point injection with 80% relief; physical therapy. The request for authorization dated 6-25-15 was for cognitive behavioral therapy 6 visits. On 9-1-15 Utilization Review non-certified the request for 6 cognitive behavioral sessions and modified the request to 4 cognitive behavioral sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 CBT Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological treatment.

Decision rationale: California MTUS states that behavioral interventions are recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain recommend screening for patients with risk factors for delayed recovery, including fear avoidance beliefs. Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone: 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). Upon review of the submitted documentation, it is gathered that the injured worker has had prior cognitive behavior psychotherapy sessions since the injury which was encountered 12 years back. However, is no mention of the number of sessions completed so far or any evidence of "objective functional improvement" with the same. The request for 6 CBT Sessions in absence of information regarding prior treatment is not medically necessary at this time.