

Case Number:	CM15-0025176		
Date Assigned:	02/17/2015	Date of Injury:	05/02/2010
Decision Date:	04/02/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	02/10/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 63 year old female, who sustained an industrial injury on May 2, 2010. She has reported neck pain, back pain, and bilateral wrist pain. The diagnoses have included carpal tunnel syndrome, cervical and lumbar spine spondylosis, cervical spine radiculopathy, and backache. Treatment to date has included medications, carpal tunnel surgery, right thumb surgery, and cognitive behavioral therapy. A progress note dated January 8, 2015 indicates a chief complaint of continued neck, back and bilateral wrist pain. Physical examination showed cervical spine tenderness on palpation, with palpable twitch, trigger points, and increased pain with range of motion, lumbar spine tenderness on palpation, with palpable twitch, trigger points, and increased pain with range of motion, and decreased grip strength of the hands. The treating physician is requesting cognitive behavioral therapy twice each week for six weeks. On January 15, 2015 Utilization Review denied the request citing the California Medical Treatment Utilization Schedule California Chronic Pain Medical treatment Guidelines and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral therapy 2 x week x 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy (CBT).

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

Decision rationale: The 63 year old patient presents with neck, back and wrist pain, as per progress report dated 01/08/15. The request is for COGNITIVE BEHAVIORAL THERAPY 2 X WEEK X 6 WEEKS. There is no RFA for this case, and the patient's date of injury is 05/02/10. The patient is status post bilateral carpal tunnel syndrome and right thumb surgery, as per progress report dated 01/08/15. Diagnoses included cervical radiculopathy, pain disorder related psychological factors, lumbar radiculopathy, and lumbosacral spondylosis. Medications included Norco and Nuerontin. The patient is off work, as per progress report dated 12/09/14. 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 patient suffers from psychological problems secondary to pain, as per progress report dated 01/08/15. The same report states that "she is beginning to understand chronic pain, which in turn is allowing her to be less depressed." The progress reports do not indicate the number of sessions of cognitive therapy the patient has received in the past. However, the UR letter states that the patient has had six sessions of CBT. The treater states that it "remains useful in helping her to minimize her pain and its consequences." There is no documentation of objective functional improvement. Additionally, MTUS recommends only 6-10 visits. Hence, the treater's request of 12 sessions is excessive and IS NOT medically necessary.