

Case Number:	CM15-0026669		
Date Assigned:	02/19/2015	Date of Injury:	03/02/2009
Decision Date:	04/07/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	02/12/2015

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 60 year old male, who sustained a work related injury on 3/2/09. The diagnoses have included depressive disorder, right wrist sprain/strain, right shoulder sprain/impingement, right upper extremity complex regional pain syndrome and cervical sprain/strain. Treatments to date have included medications, previous psychotherapy sessions, right shoulder surgery and physical therapy. In the PR-2 dated 12/19/14, the injured worker complains of right upper extremity moderate to severe pain and hypersensitivity. He rates the pain a 4/10 on medications and an 8/10 without medications. He has decreased range of motion in right arm. He is having difficulty with sleep and his mood. On 1/13/15, Utilization Review modified a request for retrospective cognitive behavioral psychotherapy sessions, with evidence of functional improvement another 10 sessions over 10 weeks to 4 cognitive behavioral psychotherapy sessions. The ODG was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective 4 cognitive behavioral psychotherapy sessions; with evidence of functional improvement another 10 sessions over 10 weeks (dates of service unknown): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 23, 100-102.

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 recommends 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 ascertained that the injured worker is a good candidate for behavioral treatment for chronic pain and a request for initial trial is medically necessary, however the need for further treatment can be assessed once the initial trial has been completed. Retrospective 4 cognitive behavioral psychotherapy sessions; with evidence of functional improvement another 10 sessions over 10 weeks (dates of service unknown) is not medically necessary since there is no clear documentation regarding the functional improvement with the initial trial that would necessitate the need for further treatment.