

Case Number:	CM15-0040804		
Date Assigned:	03/11/2015	Date of Injury:	07/03/2013
Decision Date:	04/14/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/04/2015

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, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 43 year old male sustained an industrial injury to the back, bilateral shoulders and right upper extremity on 7/3/13. Previous treatment included magnetic resonance imaging scans, electromyography/nerve conduction velocity tests, transcutaneous electrical nerve stimulator unit, medications, right rotator cuff repair, acromioplasty and Mumford procedure (12/16/14), home exercise and physical therapy. In a PR-2 dated 2/17/15, the injured worker complained of pain to bilateral shoulders 5-6/10 on the visual analog scale with medications and 1-2/10 without. The injured worker reported that the transcutaneous electrical nerve stimulator unit helped reduce his pain and allowed him to take less medications. Current diagnoses included low back pain, lumbar degenerative disc disease, lumbar discogenic pain, lumbar radiculitis, right foot pain, bilateral shoulder pain, partial thickness tear of left shoulder, rotator cuff tear of right shoulder, rotator cuff tear right shoulder, chronic pain syndrome and myofascial pain. The treatment plan included ongoing physical therapy, continuing home exercise program, continuing transcutaneous electrical nerve stimulator unit and six sessions of cognitive behavioral therapy. The note indicates that the patient has moderately severe depression and includes peer-reviewed literature supporting the use of cognitive behavioral treatment in patients with depression who also have chronic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral therapy sessions QTY: 6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 400-401, Chronic Pain Treatment Guidelines Official Disability Guidelines (ODG), Cognitive behavioral therapy, psychotherapy guidelines Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 100-102 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain, Behavioral Interventions.

Decision rationale: Regarding the request for Cognitive behavioral therapy sessions QTY: 6, Chronic Pain Medical Treatment Guidelines state that psychological evaluations are recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected using pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are pre-existing, aggravated by the current injury, or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. ODG states the behavioral interventions are recommended. Guidelines go on to state that an initial trial of 3 to 4 psychotherapy visits over 2 weeks may be indicated. Within the documentation available for review, there is no indication that the patient has undergone a psychological evaluation. Additionally, the currently requested 6 visits, exceeds the 3-4 visit trial recommended by guidelines and there is no provision to modify the current request. As such, the currently requested Cognitive behavioral therapy sessions QTY: 6 is not medically necessary.