

Case Number:	CM15-0052728		
Date Assigned:	03/26/2015	Date of Injury:	10/08/2013
Decision Date:	05/01/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	03/19/2015

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: Psychologist

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 51-year-old female, who sustained an industrial injury on 10/8/2013. She reported a trip and a fall backwards on the playground. The injured worker was diagnosed as having chronic pain syndrome, lumbosacral subluxation, left elbow derangement and left shoulder pain. There is no record of a recent radiology study. Treatment to date has included cognitive behavioral therapy, steroid injections and medications. Currently, the injured worker complains of persistent low back and left shoulder pain. In a progress note dated 3/2/2015, the treating physician is requesting 8 sessions of cognitive behavior therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavior Therapy #8: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: Based on the review of the medical records, the injured worker was initially evaluated by [REDACTED] on 12/19/14 and completed 4 follow-up psychotherapy sessions for the

treatment of chronic pain. It is noted that the fourth authorized session was completed on 3/2/15. In that note, [REDACTED] indicated that the injured worker had benefitted from the completed sessions however, further treatment was necessary. The request under review, for an additional 8 sessions, is based on this recommendation. Unfortunately, the CA MTUS recommends a total of up to 10 CBT psychotherapy sessions for the treatment of chronic pain. Given this guideline, the request for an additional 8 sessions exceeds the recommendation. As a result, the request for an additional 8 CBT sessions is not medically necessary.