

Case Number:	CM15-0058643		
Date Assigned:	04/03/2015	Date of Injury:	05/10/2010
Decision Date:	05/04/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/27/2015

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 53 year old female who sustained a work related injury on May 10, 2010, incurring neck, upper extremity, and low back injuries after slipping and falling. She was diagnosed with a right shoulder impingement syndrome, epicondylitis of the right elbow, cervical discogenic disease and wrist sprain. Treatment included surgical interventions, physical therapy occupational therapy, Transcutaneous Electrical Nerve Stimulation (TENS), anti-inflammatory drugs, antidepressants, muscle relaxants and pain medications. Currently, the injured worker complained of continued pain and depression and anxiety. The treatment plan that was requested for authorization included individual cognitive behavioral therapy and medication management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual CBT weekly x6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions, page 23.

Decision rationale: Submitted reports have not described what specific psychological complaints and clinical findings to support for unspecified cognitive behavioral therapy for diagnoses involving cervical and lumbar disorders from a slip and fall. There are no supporting documents noting what psychotherapy are needed or identified what specific goals are to be attained from the psychological treatment beyond the current medical treatment received to meet guidelines criteria. MTUS guidelines support treatment with functional improvement; however, this has not been demonstrated here whereby independent coping skills are developed to better manage episodic chronic issues, resulting in decrease dependency and healthcare utilization. Current reports have no symptom complaints, clinical findings or diagnostic procedures to support for the CBT treatment (unspecified). Additionally, if specific flare-up has been demonstrated, the guidelines allow for initial trial of 3-4 sessions to assess for functional benefit. The Individual CBT weekly x6 is not medically necessary and appropriate.

Medication management monthly x6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): Chapter 7- Independent Medical Examinations and Consultations, page 127.

Decision rationale: Guidelines state office visits and follow-ups for medication management are determined to be medically necessary and play a critical role in the proper diagnosis and treatment based on the patient's concerns, signs and symptoms, clinical stability along with monitoring of medications. Determination of necessity requires individualized case review and assessment with focus on return to function of the injured worker. Submitted reports have not adequately demonstrated acute symptoms or red flag conditions and clinical findings to allow for continued arbitrary follow-up intervention and care and future care with multiple visits for unspecified medication cannot be predetermined as assessment should be made according to presentation and clinical appropriateness. The patient continues to treat for chronic symptoms without any acute flare, new injury, or progressive deterioration to predict future outcome; undetermined quantity of follow up visits is not medically indicated for this chronic injury. The Medication management monthly x6 is not medically necessary and appropriate.