

Case Number:	CM15-0242857		
Date Assigned:	12/22/2015	Date of Injury:	11/11/2014
Decision Date:	01/25/2016	UR Denial Date:	11/19/2015
Priority:	Standard	Application Received:	12/14/2015

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 39 year old female, who sustained an industrial injury on November 11, 2014, incurring right shoulder injuries. She was diagnosed with right upper extremity strain, right elbow strain, right shoulder strain, and cervical strain. Treatment included 12 sessions of physical therapy which were ineffective, electrical stimulation, massage, arm sling, anti-inflammatory drugs, pain medications, topical analgesic gel, chiropractic sessions, acupuncture, and psychotherapy. Currently, the injured worker complained of persistent neck pain and constant throbbing right shoulder pain. She rated the pain intensity 10 out of 10 before taking medications and 8 out of 10 after taking medications. The injured worker noted loss of functional ability to function independently. She had difficulties with activities of daily living including household chores, grooming and self-care. She noted difficulty sleeping and changes in her moods secondary to the consistent pain. She developed issues with depression, stress and anxiety. The treatment plan that was requested for authorization included 12 sessions of Cognitive Behavioral Therapy. On November 19, 2015, a request for 12 sessions of Cognitive Behavioral Therapy was modified to 4 sessions of Cognitive Behavioral Therapy by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral therapy, 12 sessions: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions, Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress Chapter, Cognitive behavioral therapy (CBT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions, Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter Mental Illness and Stress, Topic: Cognitive Behavioral Therapy, Psychotherapy Guidelines: August, 2015 update.

Decision rationale: A request was made for 12 additional sessions of psychological treatment (CBT); the request was modified by utilization review which cited industrial guidelines ODG and noted that the patient has received authorization for 12 sessions in addition to an initial four utilized as a brief treatment trial. This IMR will address a request to overturn the utilization review decision. Based on the provided medical records, the patient has either completed or been authorized for a total of 16 psychological treatment sessions (CBT). This request for 12 additional sessions would bring the total to 28 sessions. After an initial treatment trial 3-4 sessions and with documentation of patient benefit, the ODG recommends "Up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made. (The provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate). In cases of severe Major Depression or PTSD, up to 50 sessions if progress is being made." All the provided medical records were carefully considered for this IMR in contained multiple psychological treatment progress notes. Based on the provided medical records it appears that the patient reports remaining psychologically symptomatic at a clinically significant level as a result of her industrial injury, and that she is making good progress in her psychological treatment program. This request does exceed the treatment guidelines recommendations for psychological intervention by eight sessions, however given the psychological symptomology being reported in conjunction with the nature of the industrial injury and that progress is being made in her treatment request is reasonable and medically necessary. However, it should be noted that because this request is exceed the recommended guidelines by eight sessions that the final few sessions should be used for treatment conclusion, transition to independent psychological functioning, and treatment termination medically appropriate. For these reasons this request is medically necessary and appropriate.