

<b>Case Number:</b>	CM13-0038580		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	05/15/2012
<b>Decision Date:</b>	02/18/2014	<b>UR Denial Date:</b>	10/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/25/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Illinois and Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 31-year-old female who reported a work related injury on 05/15/2012 as the result of a fall. The patient currently presents for treatment of the following diagnoses: rotator cuff syndrome and cervical disc disorder with myelopathy. The clinical note dated 11/04/2013 reports the patient was seen under the care of [REDACTED]. The provider documents the patient utilizes Relafen and Neurontin. The provider documents the patient reports significant decrease in numbness, tingling, and burning sensation since beginning Neurontin. Upon physical exam of the patient, the provider documented left shoulder range of motion was decreased secondary to pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cognitive behavioral therapy x four (4) sessions:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The current request is not supported. The clinical documentation submitted for review fails to evidence a specific rationale for the patient utilizing cognitive behavioral therapy interventions at this point in her treatment. The most recent clinical documentation submitted does not indicate if the patient has previously utilized individual psychotherapy /

cognitive behavioral therapy since status post her work related injury sustained in 05/2012. The clinical notes failed to evidence the patient's current clinical picture, as far as any psychological overlay to support the requested intervention. California MTUS supports an initial trial of 3 psychotherapy visits to 4 psychotherapy visits over 2 weeks. However, given the above, the request for Cognitive behavioral therapy x four (4) sessions is not medically necessary or appropriate.

**Chiropractic treatments, two (2) times a week for two (2) weeks: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

**Decision rationale:** The current request is not supported. The clinical documentation submitted for review fails to evidence a specific rationale for the patient utilizing chiropractic treatment interventions at this point in her treatment. The most recent clinical documentation submitted does not indicate if the patient has previously utilized individual chiropractic manipulation, or the efficacy or duration with previous interventions, since status post her work related injury sustained in 05/2012. California MTUS supports an initial trial of trial of 6 visits over 2 weeks, with evidence of objective functional improvement, however given all the above the request for Chiropractic treatments, two (2) times a week for two (2) weeks is not medically appropriate or necessary.