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| Case Number: | CM13-0038974 | | |
| Date Assigned: | 12/18/2013 | Date of Injury: | 01/21/2011 |
| Decision Date: | 03/07/2014 | UR Denial Date: | 09/10/2013 |
| Priority: | Standard | Application Received: | 10/02/2013 |

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 Psychology and is licensed to practice in California. 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 claimant is a 57 year old male with a date of injury of 1/21/11. The claimant sustained injury to his right shoulder, right arm, and neck when he fell from a golf cart and landed on his right side while working as a maintenance /foreman /landscaper at [REDACTED]. In his most recent PR-2 report dated 11/18/13, [REDACTED] diagnosed the claimant with rotator cuff syndrome and cervicobrachial syndrome. The claimant has been medically treated via medication, physical therapy, and surgery. He has also been treated with psychotherapy. In her "Request for Authorization, Evaluation for Behavioral Pain Management" dated 7/26/13, [REDACTED] diagnosed the claimant with the following: (1) Pain disorder due to a confluence of psychological factors and a general medical condition, moderate, industrial; (2) PTSD, chronic; and (3) Major depressive disorder, single episode, severe, without psychotic features.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Cognitive Behavioral Therapy 1 time a week times 4 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy (CBT)

Decision rationale: The CA MTUS guidelines regarding the behavioral treatment of pain will be used as reference for this case. It is noted within the medical records that the claimant received psychotherapy services however, other than the evaluation from [REDACTED], there are no psychological progress notes or records offered for review. As a result, it is unknown to how many previous sessions have been completed and whether the claimant obtained any type of objective functional improvement. The CA MTUS recommends that for the treatment of chronic pain an "initial trial of 3-4 visits over 2 weeks" and "with evidence of objective functional improvement, total of 6-10 visits over 5-6 weeks (individual sessions)" may be possible. Without the information regarding number of sessions and objective functional improvement, the need for further services cannot be determined. As a result, the request for "additional cognitive behavioral therapy 1 time a week times 4 weeks" is not medically necessary.