

Case Number:	CM14-0143674		
Date Assigned:	09/12/2014	Date of Injury:	05/12/2009
Decision Date:	10/10/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	09/04/2014

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. The expert reviewer is licensed 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 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/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 [REDACTED] with a date of injury of 5/12/09. The claimant sustained injury to his left shoulder while working for [REDACTED]. In his orthopedic report dated 5/28/14, [REDACTED] diagnosed the claimant with: (1) Rupture of the long head of the biceps brachii of the left upper extremity; (2) Postop rotator cuff tear of the left shoulder; (3) Overuse syndrome or repetitive strain disorder of the upper torso and upper extremities, bilateral; and (4) Depression and anxiety. In a recent PR-2 report dated 9/5/14, [REDACTED], diagnosed the claimant with: (1) Pain in joint involving shoulder region; (2) Adhesive capsulitis of shoulder; (3) Rotator cuff (capsule) sprain; and (4) Sprain of unspecified site of shoulder and upper arm. The claimant has received medications, physical therapy, and surgery to treat his orthopedic injuries. It is also reported that the claimant has developed psychiatric symptoms of depression and anxiety secondary to his work-related orthopedic injuries. The claimant has been receiving psychotropic medication management services from [REDACTED], but has yet to receive any psychological services for this claim. Unfortunately, [REDACTED] initial evaluation was not included for review, so his diagnostic impressions are unknown. However, [REDACTED] notes indicate some symptoms of depressed mood and anxiety.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Cognitive Behavioral Therapy 12 Visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment. Decision based on Non-MTUS Citation ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain

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) Mental Illness and Stress Chapter Cognitive behavioral therapy (CBT) For specific guidelines, see Cognitive therapy for amputation; Cognitive therapy for depression; Cognitive therapy for opioid dependence; Cognitive therapy for panic disorder; Cognitive therapy for PTSD; Cognitive therapy for general stress; Cognitive behavioral stress management (CBSM) to reduce injury and illness; Dialectical behavior therapy; Exposure

Decision rationale: The California MTUS guideline regarding the use of behavioral interventions in the treatment of chronic pain as well as the Official Disability Guideline regarding the use of cognitive behavioral therapy (CBT) for the treatment of psychiatric conditions will be used as references for this case. Based on the review of the medical records, the claimant has continued to experience chronic pain since his work-related injury in May 2009. He has also developed psychiatric symptoms of depression and anxiety secondary to his chronic pain. Although he has been receiving psychotropic medication management services from [REDACTED], the claimant has yet to receive any psychological services. Given the claimant's continued symptoms, the need for psychological services/CBT is apparent and the request appears appropriate. However, the CA MTUS suggests an "initial trial of 3-4 sessions" and the ODG suggests an "initial trial of 6 visits". Given these guidelines, the request for an initial trial of 12 sessions is excessive. As a result, the request for "Outpatient Cognitive Behavioral Therapy 12 Visits" is not medically necessary.