

Case Number:	CM15-0010956		
Date Assigned:	01/27/2015	Date of Injury:	05/01/2013
Decision Date:	03/25/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/16/2015

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, Arizona, Maryland
 Certification(s)/Specialty: Psychiatry

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 38 year old male, who sustained an industrial injury on 5/1/2013. The current diagnoses are cervical sprain/strain, severe right shoulder impingement syndrome, status post right shoulder surgery (2013), right bicipital tendinitis, mood disorder, and intermittent explosive disorder. Currently, the injured worker complains of burning constant pain in the right shoulder that worsens with any movement. Current medications are Naproxen. Treatment to date has included medications, physical therapy, and surgery. The treating physician is requesting 12 Cognitive Behavioral Therapy (CBT) Sessions, which is now under review. On 12/24/2014, Utilization Review had non-certified a request for 12 Cognitive Behavioral Therapy (CBT) Sessions. The 12 Cognitive Behavioral Therapy (CBT) Sessions were modified to 4. The California MTUS ACOEM and Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Cognitive Behavioral Therapy (CBT) Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 397-398. Decision based on Non-MTUS Citation Official Disability Guidelines: Psychotherapy Guidelines(number and timing of visits), Cognitive Behavioral Therapy (CBT)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Psychological treatment Page(s): page(s) 23, 100-102.

Decision rationale: California MTUS states that behavioral interventions are recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain recommends screening for patients with risk factors for delayed recovery, including fear avoidance beliefs. Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone:-Initial trial of 3-4 psychotherapy visits over 2 weeks-With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions)The request for 12 Cognitive Behavioral Therapy (CBT) Sessions exceeds the guideline recommendations for an initial trial for treatment of Chronic Pain. Thus, the request is excessive and not medically necessary at this time.