

Case Number:	CM15-0014591		
Date Assigned:	02/02/2015	Date of Injury:	08/03/2001
Decision Date:	03/30/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	01/26/2015

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: Physical Medicine & Rehabilitation

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 63-year-old male who reported an injury on 08/03/2001 due to an unknown mechanism of injury. The injured worker reportedly sustained an injury to multiple body parts. The injured worker's treatment history included multiple medications, surgical intervention, physical therapy, and psychiatric support. The injured worker was evaluated on 12/30/2014. It was documented that the injured worker had pain rated at a 2/10. The injured worker's diagnoses included low back pain, lumbar degenerative disc disease, neck pain, cervical facet pain, cervical degenerative disc disease, cervical discogenic pain, left shoulder pain, left shoulder supraspinatus tendinosis, chronic pain syndrome, myalgia, and thoracic pain. It was noted that the injured worker had recently completed 6 acupuncture appointments with 60% pain relief of his pain. The injured worker's treatment plan included cognitive behavioral therapy and continuation of medications. A request was made for cognitive behavioral therapy for 6 sessions. No Request for Authorization was submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavioral Therapy Qty 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The requested cognitive behavioral therapy quantity 6 is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the injured worker has previously undergone psychiatric support. However, significant functional benefit from that treatment was not provided. Therefore, additional therapy will not be supported. As such, the requested cognitive behavioral therapy quantity 6 is not medically necessary or appropriate.