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| Case Number: | CM15-0113371 | | |
| Date Assigned: | 06/19/2015 | Date of Injury: | 03/07/2014 |
| Decision Date: | 07/20/2015 | UR Denial Date: | 05/28/2015 |
| Priority: | Standard | Application Received: | 06/12/2015 |

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 48 year old female injured worker suffered an industrial injury on 03/07/2014. The diagnoses included depression, cervical degenerative disc disease, shoulder injury, right elbow strain/sprain, and cervical radiculitis. The injured worker had been treated with medications and TENS. On 5/11/2015 the treating provider reported continued right shoulder, neck and right elbow pain with numbness and weakness in her fingers bilaterally that had increased. The medications help with pain about 30% to 40%. The TENS was helpful. She had mood swings and feels down and frustrated. The treatment plan included Trial cognitive behavioral therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial cognitive behavioral therapy Qty: 6.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions, page 23; Psychological Treatment, Pages 101-102.

Decision rationale: Submitted reports have not described what psychological clinical findings, or confirmed diagnoses to support for unspecified cognitive behavioral therapy for diagnoses involving cervical disorders and shoulder elbow sprain/strain. There are no supporting documents noting what psychotherapy are needed or identified what specific goals are to be attained from the psychological treatment beyond the current medical treatment received to meet guidelines criteria. MTUS guidelines support treatment with functional improvement; however, this has not been demonstrated here whereby independent coping skills are developed to better manage episodic chronic issues, resulting in decrease dependency and healthcare utilization. Current reports have no clinical findings or diagnostic procedures to support for the CBT treatment (unspecified). Additionally, if specific flare-up has been demonstrated, the guidelines allow for initial trial of 3-4 sessions over 5-6 weeks; however, does not recommend 6 initial sessions of CBT treatment. The Trial cognitive behavioral therapy Qty: 6.00 is not medically necessary and appropriate.