

Case Number:	CM15-0118443		
Date Assigned:	06/26/2015	Date of Injury:	09/04/2014
Decision Date:	08/19/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/18/2015

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, Texas

Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction 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 28 year old female who sustained an industrial injury on 9/4/14 when a book case fell on her shoulder and neck. She currently complains of constant right shoulder, neck, wrist and hand pain with numbness, tingling and weakness of the right arm. On physical exam there was tenderness on palpation of the right shoulder, elbow and wrist, decreased range of motion and pain of the right wrist. Medications were Norco, naproxen, Terocin, Ativan, Lyrica, Tramadol, Cymbalta, Ultracet. Diagnoses include cervical radiculopathy, cervicgia, right shoulder pain with interstitial tear of supraspinatus, and carpal tunnel syndrome. Treatments to date include physical therapy with no benefit, medications without pain relief, TENS, which worsened the pain, and H-wave, which helped range of motion. Diagnostics include right shoulder x-ray (10/10/14) normal; MRI of the right shoulder (10/27/14) abnormal with tendinosis, subacromial/ subdeltoid bursitis and acromioclavicular arthrosis; MRI of the right elbow (10/28/14) showing tendinosis, increased signal in the ulnar nerve in the cubital tunnel. A progress note of 5/18/15 indicated that the injured worker is not coping well with her pain or work environment, and is tearful and crying at every appointment. She experiences anxiety and panic attacks when going to work. She is unable to handle her workload due to pain. Plan= request for 12 cognitive behavioral therapy sessions. UR of 05/20/15 denied this request due to lack of a psychological evaluation to determine if the patient is a good candidate for CBT.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 CBT x 12 Sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 101-102 of 127.

Decision rationale: The patient is documented to have chronic pain with anxiety and panic attacks. She was started on Ativan 0.5mg BID and her status changed to temporary total disability. CBT is an appropriate treatment for chronic pain patients in order to develop coping skills to deal with the pain, which may ultimately aid in pain management and return to work. Psychological treatment, per MTUS follows a stepped care approach, one of which is a psychological evaluation for screening and assessment of goals and treatment options. There has been no psychological evaluation to date, and records provided for review do not support this request. ODG guidelines for an initial trial of CBT would be 3-4 sessions over 2 weeks followed by reassessment for functional improvement; the request for 12 is excessive. This request is therefore noncertified.