

Case Number:	CM15-0066120		
Date Assigned:	04/13/2015	Date of Injury:	04/11/2013
Decision Date:	05/15/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/07/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

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 female, who sustained an industrial injury on April 11, 2013. She has reported shoulder pain, neck pain, and headache. Diagnoses have included cervical myofascial pain, cervical radiculopathy, cervical spine degenerative disc disease, cervical facet arthropathy, right rotator cuff syndrome, and migraines. Treatment to date has included medications, home exercise, aqua therapy, acupuncture, and imaging studies. A progress note dated March 6, 2015 indicates a chief complaint of shoulder pain, neck pain, and headache. Physical examination revealed normal ROM of the bilateral upper extremities, decreased ROM of the cervical region, 4/5 grip strength. The treating physician documented a plan of care that included medications and cognitive behavioral therapy. The medication list includes Celebrex, Zanaflex and Valium. Patient has received an unspecified number of acupuncture and aquatic therapy visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavior therapy evaluation 6 sessions 1 time a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines.

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 & Stress (updated 03/25/15) Cognitive behavioral therapy (CBT).

Decision rationale: Cognitive behavior therapy evaluation 6 sessions 1 time a week for 6 weeks. Per the CA MTUS Chronic pain medical treatment guidelines, ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain recommend "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)." ODG guidelines recommend an initial trial of 6 visits over 6 weeks and with evidence of objective functional improvement, total of up to 13-20 visits over 13-20 weeks (individual sessions). The details of any psychotherapy done since the date of injury were not specified in the records provided. A recent behavioral cognitive therapy evaluation note was not included in the records provided. A recent detailed psychological examination was not specified in the records provided. Detailed evidence of psychological/psychiatric problems including anxiety and depression was not specified in the records provided. The rationale for 6 sessions of cognitive behavioral therapy was not specified in the records provided. Furthermore, documentation of response to other conservative measures such as oral pharmacotherapy in conjunction with rehabilitation efforts was not provided in the medical records submitted. The medical necessity of the request for 6 sessions of cognitive behavioral therapy is not fully established in this patient. Therefore, the request is not medically necessary.