MAXIMUS Federal Services

Case Number:	CM15-0067495		
Date Assigned:	04/15/2015	Date of Injury:	04/16/2004
Decision Date:	05/19/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	04/09/2015

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, Massachusetts
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 45 year old female, who sustained an industrial injury on April 16, 2004. She has reported neck pain, shoulder pain, arm pain, and hand pain. Diagnoses have included chronic regional pain syndrome of the upper extremity, other chronic pain, and shoulder degenerative joint disease. Treatment to date has included medications. A progress note dated February 27, 2015 indicates a chief complaint of left shoulder pain, increased left arm pain, and increased depression. On physical examination the left upper extremity is guarded; there is no cyanosis, clubbing or anything to suggest CRPS. The treating physician documented a plan of care that included medications, cognitive behavioral therapy, and chiropractic treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive bio-behavioral therapy, six sessions: Overturned

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.

Decision rationale: According to CA MTUS: "Recommended for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). Cognitive behavioral therapy and self regulatory treatments have been found to be particularly effective. Psychological treatment incorporated into pain treatment has been found to have a positive short-term effect on pain interference and long-term effect on return to work." According to peer reviewer, "it is not clear why behavioral therapy is warranted. There is no comprehensive psychiatric examination presented establishing the diagnosis of depression. Therefore, this would not be clinically indicated". According to the cited guidelines diagnoses of depression is not necessary for cognitive behavioral therapy to be a successful intervention. From my review of the clinic records there is documentation of depressive symptoms and difficulty coping with pain as well as a desire to improve functional capacity. Based on my review of the records and cited guidelines, the requested treatment is appropriate even though as the peer reviewer noted there is no psychiatrist diagnosis of depression. Therefore the request is medically necessary.