

Case Number:	CM15-0076431		
Date Assigned:	04/28/2015	Date of Injury:	05/09/2012
Decision Date:	05/28/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/21/2015

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: Psychologist

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 47 year old male, who sustained an industrial injury on 05/09/2012. He has reported subsequent shoulder pain and was diagnosed with right shoulder joint pain, myofascial pain and depression. Treatment to date has included oral pain medication, home exercise program and a TENS unit. In a progress note dated 03/13/2015, the injured worker complained of right shoulder pain. The injured worker's mood was noted to have improved. Objective findings were notable for tenderness to palpation of the right shoulder and decreased range of motion. A request for authorization of cognitive behavioral therapy 1 x week x 4 months was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

CBT (cognitive behavioral therapy), 1 time per week for 4 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive behavioral therapy (CBT) Page(s): 23.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter Cognitive Behavioral Therapy.

Decision rationale: Based on the review of the medical records, the injured worker completed a total of 6 CBT sessions with treating psychologist, [REDACTED]. In her final report dated 2/16/15, [REDACTED] stated, "Patient is stable at this time" however given the nature of his injury and symptoms, she stated that he "may require 8 psychotherapy sessions per year" to help him maintain the goals made. At that point, [REDACTED] terminated treatment. In a QME report dated 3/3/15, evaluating psychologist, [REDACTED], suggested that the injured worker needs further treatment and recommended weekly sessions for 4 months. The request under review is based upon [REDACTED] recommendation. Despite her recommendation that the injured worker required additional treatment, the request for an additional 16 sessions appears excessive and does not fall within the ODG guidelines. As a result, the request for additional CBT sessions 1 time per week for 4 months is not medically necessary. It is noted that the injured worker did receive a modified authorization for weekly sessions for one month only in response to this request.