

Case Number:	CM15-0098713		
Date Assigned:	06/01/2015	Date of Injury:	05/14/2012
Decision Date:	07/07/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/21/2015

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 55 year old female, who sustained an industrial injury on 5/11/2012. Diagnoses include cervicalgia and lesion of ulnar nerve. Treatment to date has included acupuncture and modified work. Electrodiagnostic testing of the upper extremities dated 8/27/2012 showed cervical radiculopathy at C5-6 and cervicalgia with ulnar lesion. Per the Primary Treating Physician's Progress Report dated 4/08/2015, the injured worker reported no change since the last visit. She continues to have stable, mild pain and numbness to the left hand/wrist and bilateral lateral elbow. She does state that this is an improvement. Physical examination of the cervical spine revealed full range of motion in all planes and mild tenderness to palpation over bilateral superior trapezius, levator scapulae and rhomboid musculature. The plan of care included, and authorization was requested for cognitive behavioral therapy x 10 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral therapy x 10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

Decision rationale: Based on the review of the medical records, the injured worker completed an initial psychological evaluation with [REDACTED] on 3/3/2015. In his report, [REDACTED] recommended 10 psychotherapy sessions to help the injured worker learn effective tools to manage and reduce her pain as well as her symptoms of depression. The request under review is based on [REDACTED] recommendation. In the treatment of chronic pain, the CA MTUS recommends an "initial trial of 3-4 psychotherapy visits over 2 weeks" and "with evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks" may be necessary. Utilizing this guideline, the request for an initial 10 sessions exceeds the recommended number of initial sessions. Therefore, the request for 10 CBT sessions is not medically necessary. It is noted that the injured worker did receive a modified authorization for an initial 4 sessions in response to this request.