

Case Number:	CM13-0023735		
Date Assigned:	11/15/2013	Date of Injury:	12/05/2012
Decision Date:	01/15/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	09/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is licensed in Psychology and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 43 year-old female (██████████) with a date of injury of 12/5/12. According to medical records, the claimant sustained cumulative medical and psychological injuries while working as an Intermedicate Clerk for the ██████████. According to ██████████, the claimant is diagnosed with the following medical conditions: (1) cervical spine (C/S) myofascitis with radiculitis, left elbow; lateral epicondylitis; right shoulder tendonitis, bilateral wrist tendonitis; left shoulder sever tendonitis; bilateral carpal tunnel syndrome; lumbar spine (L/S) radiculitis. Additionally, the claimant received an initial psychiatric evaluation by ██████████ on 10/10/13 and received the following diagnoses: (1) adjustment disorder, not otherwise specified (NOS), chronic, with panic symptoms; and (2) sleep disorder due to a general medical condition, insomnia type.

IMR ISSUES, DECISIONS AND RATIONALES

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

The eight (8) additional sessions of behavioral cognitive psychotherapy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 and the ODG Psychotherapy Guidelines

Decision rationale: The request for "behavioral cognitive psychotherapy; eight (8) additional sessions" makes it appear that the claimant has already received some services. However, there is limited amount of information within the medical records supplied for review. It is unclear from the records as to whether the claimant has received any psychological services since the initial psychiatric evaluation by [REDACTED]. Additionally, there are no specific guidelines to address the treatment of an adjustment disorder. The Official Disability Guidelines regarding the use of cognitive behavioral therapy recommend an "initial trial of 6 visits over 6 weeks" and "with evidence of objective functional improvement, total of 13-20 visits (individual sessions)" may be needed. Due to the lack of information regarding previous services and possible outcomes, the request for 8 additional sessions does not follow the guidelines cited above. As a result, the request for behavioral cognitive psychotherapy; eight (8) additional sessions is not medically necessary.