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| Case Number: | CM13-0027007 | | |
| Date Assigned: | 11/22/2013 | Date of Injury: | 09/29/2010 |
| Decision Date: | 02/05/2014 | UR Denial Date: | 09/16/2013 |
| Priority: | Standard | Application Received: | 09/30/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified 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 physician 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 patient reported a date of injury of 9/29/10. According to the medical records, the patient sustained injuries to her left wrist, lower back, and right knee when she slipped and fell, landing onto the lobby furniture as a service advisor. In the report from the Institute for Hand and Microsurgery dated 10/8/13, the claimant is diagnosed with: (1) S/P left thumb/wrist fall onto outstretched hand with rotation injury; (2) Left thumb stenosing tenosynovitis; (3) Left thumb MCP-1 joint enlargement: etiology?; and (4) Left median nerve neuritis. Additionally and which is most relevant to this case, she is diagnosed with pain disorder with psychological and medical factors.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bio behavioral sessions x 6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: Based on the review of the medical records, the claimant has been receiving psychotherapy sessions; however, the total number of sessions is unknown. In her progress note

dated 8/30/13, [REDACTED] labeled the note as "session #4", but wrote that the claimant "returns for her 3rd follow-up appointment for CBT for managing her pain conditions. Despite this, the claimant was authorized to receive additional CBT and biofeedback sessions in September 2013. There are no current treatment guidelines regarding "bio behavioral sessions", so the CA MTUS will be used regarding the behavioral treatment of pain. According to those guidelines, it is recommended that there is "an initial trial of 3-4 visits over 2 weeks" and "with evidence of objective functional improvement, total of 6-10 visits (individual sessions) over 5-6 weeks" may be needed. Given that the claimant has already completed some sessions and has been authorized for additional sessions, the request for "bio behavioral sessions X6" is not medically necessary.