MAXIMUS Federal Services

Case Number:	CM13-0051939		
Date Assigned:	12/27/2013	Date of Injury:	12/19/2011
Decision Date:	03/07/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/01/2013

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 claimant is a 55 year old female with a date of injury of 12/19/11. The claimant sustained cumulative orthopedic injuries to her fingers, hands, wrists, forearms, and shoulders while employed as the head of housekeeping for [redacted]. In his PR-2 report dated 10/15/13, [redacted] diagnosed the claimant with the following: (1) Bilateral shoulder strain and impingement, and left rotator cuff tear; bilateral wrist and electrodiagnostic evidence of carpal tunnel syndrome; (3) right knee sprain; (4) left ankle sprain; and (5) Contributing factor: history of fcture ad left Os calcis with severe valgus deformity and foot pronation. She has been treated via medications, physical therapy, acupuncture, bilateral wrist splints, injections, and bilateral carpal tunnel release. In his "Psychological Consultation Report/Request for Authorization" dated 5/23/12 and his "Comprehensive Permanent and Stationary Psychological Evaluation Report/Medical Records Review" dated 10/10/13, [redacted] diagnosed the claimant with: (1) Depressive Disorder NOS; (2) Anxiety Disorder NOS; (3) Female Hypoactive Sexual Desire Disorder due to Chronic Pain; and (4) Insomnia Related to Anxiety Disorder NOS and Chronic Pain. It is the claimant's psychiatric diagnosies that are relevant to this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavior Therapy: Upheld

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

Decision rationale: The CA MTUS does not address the treatment of depression, therefore, the Official Disability Guidelines regarding the behavioral treatment of depression will be used as reference for this case. Based on the review of the medical reports, the claimant began services with [redacted] following his initial evaluation on 5/23/12. The exact number of completed sessions is unknown. The ODG recommends that for the treatment of depression, an "initial trial of 6 visits over 6 weeks" and "with evidence of objective functional improvement, total of 13-20 visits over 13-20 weeks (individual sessions)" may be possible. Since the claimant has been receiving services for over one year, she has already exceeded the recommended total number of sessions set forth by the ODG. In addition, there is no ongoing evidence of any progress or objective functional improvements as the result of the psychotherapy. Without this information, the need for further sessions cannot be determined. Lastly, the request for "cognitive behavioral therapy" remains too vague and does not provide enough information regarding how many sessions are being requested and over what duration of time. As a result of insufficient information and vagueness of the request, the request for "cognitive behavioral therapy" is not medically necessary. It is suggested that future requests correspond to the guidelines cited above.