

Case Number:	CM13-0065036		
Date Assigned:	01/03/2014	Date of Injury:	04/10/2007
Decision Date:	04/04/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/12/2013

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 Psychiatry 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 4/10/2007. Date of UR decision was 11/25/2013. Mechanism of injury was his hand being smashed against the motor. He underwent a carpal tunnel release surgery on left hand. Has been receiving individual psychotherapy since 2011. He received 12 psychotherapy sessions and 12 biofeedback until 2/28/2013. He received 6 more sessions until 05/01/2013 with some improvement as noted "patient reported positive feedback from others in his life who noticed positive changes." He received another 6 sessions. The diagnosis include Pain disorder associated with General Medical Condition, Depressive disorder NOS and Alcohol abuse. He has been on several psychotropic medications in the interim such as Cymbalta, Ativan, and Ambien.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for Individual Psychotherapy x 6 sessions to include Cognitive Therapy, Behavioral Management and Biofeedback: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23-25, 101-102.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23-24, 101-102.

Decision rationale: Upon review of the submitted documentation, it is gathered that the injured worker has been receiving individual psychotherapy with biofeedback since 2011. Has had more than 20 sessions. The injured worker has already exceeded the upper limit of individual psychotherapy/biofeedback sessions for chronic pain issues per the guidelines quoted above. Request for 6 more psychotherapy sessions to include cognitive therapy, biofeedback and behavioral management is not medically necessary and cannot be affirmed.