

Case Number:	CM13-0071969		
Date Assigned:	01/08/2014	Date of Injury:	05/03/1999
Decision Date:	06/06/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/30/2013

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. The expert reviewer is Board Certified in Clinical Psychology, has a subspecialty in Health Psychology and Pain Management, 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:

Based on the records provided for this independent medical review, this patient is a 71 year old female who reported an industrial/occupational work-related injury on May 3, 1999. The injury is described as a cumulative trauma and as a consequence of her performing her work duties for [REDACTED] as a registered nurse. She has had multiple surgeries in the neck, carpal tunnel, and shoulder areas. Her current status is that she has become increasingly nervous, worried, and insecure with a sense of restlessness with and decreased motivation, loss of comprehension and loss of self-esteem with feelings of emotional fatigue and worried. She recently broke out with a skin disorder that was described by a dermatologist to be related to stress, anxiety and tension. She has multiple conflicting Psychiatric diagnosis most include Pain Disorder associated with both psychological factors and a general medical condition, Generalized Anxiety Disorder and Major Depressive Disorder. There are conflicting reports of an Axis II diagnosis. She has been prescribed and is currently taking medications for psychiatric issues which include Cymbalta, Adderall, and Buspar. She continues to have neck pain radiating to her upper extremities and left shoulder and there is severe bilateral Ulnar Neuropathy well as median neuropathy. She is status post cervical fusion and bilateral carpal tunnel syndrome also status post right reverse total shoulder surgery. She's been treated with conventional medications as well as multiple pain medications. A request was made for cognitive behavioral therapy four sessions to be held over the next 8 months. The request was deemed to be not medically necessary and thus non-certified. This independent medical review will concern itself with a request to overturn this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

COGNITIVE BEHAVIORAL THERAPY X 4 SESSIONS OVER THE NEXT 8 MONTHS: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cognitive Behavioral Therapy (CBT) Guidelines For Chronic Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental/Stress Chapter: Topic - Cognitive Behavioral Therapy (2014).

Decision rationale: The request for additional cognitive behavioral psychotherapy sessions was made by her primary doctor who requested she attend a 6-8 (later reduced to 4) final sessions to provide emotional monitoring and support as her work compensation case comes to a close. The decision to not certify the treatment request stated that the patient has made significant progress through her cognitive behavioral therapy sessions with moderate gains but that the additional sessions are being denied because there's no target symptoms for the requested treatment and thus the need for continued to psychotherapy is not justified. After careful review of this patient's medical chart it is clear to me that she is struggling with chronic mild to moderate anxiety disorder that has been clearly linked to her industrial injury/disability. The additional sessions are to help her transition through the end of work, in the context of her covered mental health issues, and is reasonable and not excessive as well. As described in the ODG Mental/ Stress chapter, up to 13 to 20 visits of individual sessions can be provided if progress is being made. She does appear to qualify for the more lengthy course of treatment of 13 to 20 visits as it seems she has had only 10 sessions to date during this most recent course of therapy -it is unclear whether there has been prior treatment or not. While it is very likely she has had prior therapy, no information was provided regarding this topic. Because she's only had 10 sessions and progress is being made, I find that this is a reasonable and medically necessary decision. I am overturning the denial of treatment to allow 4 additional, and final sessions of cognitive behavioral therapy over the next 8 months.