MAXIMUS Federal Services

Case Number:	CM14-0000004		
Date Assigned:	01/10/2014	Date of Injury:	02/07/2013
Decision Date:	05/29/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	12/31/2013

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 licensed in Clinical Psychology, has a subspecialty in Health 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:

According to the records provided for this independent medical review, this is a 46 year old female patient who reported an industrial / occupational work-related injury on February 7, 2013. The patient reports constant sharp pain in her left hand and wrist and there is a mention of a soft tissue crush injury to her left wrist and hand and probable CRPS 1. She has been receiving conservative medical treatments and therapies, pain medications, TENS unit and physical therapy. She reports that she is having difficulty with the medications causing sleepiness which makes her work difficult and slower. The injury occurred during her normal course of work duties as a research associate for Arcadia biosciences when her hand was smashed and crushed between two doors of a refrigerator that contains research kits when a fellow employee or opening the door suddenly. She is having difficulties using her left hand to do anything even simple tasks like cutting food, getting dressed, driving, activities of daily living like folding Final Determination Letter for IMR Case Number CM14-0000004 3 laundry, cleaning the house and most chores. A request for an additional 6 sessions of cognitive therapy with an evaluation was made and was not approved. This IMR will concern itself with a request to overturn the decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL 6 SESSIONS OF COGNITIVE THERAPY WITH AN EVALUATION:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19-23.

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

Decision rationale: The official disability medical treatment guidelines MTUS, states that behavioral interventions like cognitive behavioral therapy are recommended and that an initial block of three to four sessions should be determine if there is any functional improvement, in which case additional sessions up to a maximum of 10 sessions. After a comprehensive and careful review of the patient's medical chart as it was provided to me, which consisted of approximately 150 pages, the treating provider of the initial block of cognitive behavioral sessions did not submit any reports based on the treatment outcome of this initial trial of treatment. It appears that efforts were to reach the provider by telephone were not successful. It does appear based on my reading of the progress notes that the patient has most likely mild depression, but it was basically stated without any further details and in no place was a formal diagnosis offered of depression or other mental health diagnosis. Because there is no summary report or notes regarding what is being treated and any impact of the initial sessions, and because the request for an additional six sessions exceeds the total maximum of 10 recommended in the guidelines, it the decision to overturn the treatment denial cannot be approved. This is not to say that it is not medically necessary as it may or may not be, but that insufficient information documenting medical necessity was provided