

Case Number:	CM14-0001984		
Date Assigned:	01/24/2014	Date of Injury:	11/22/2010
Decision Date:	06/06/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/06/2014

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 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:

The claimant is a 59 year-old female [REDACTED] with a date of injury of 11/22/10. The claimant sustained orthopedic injuries to her bilateral wrists and elbows as the result of cumulative trauma while working as a housekeeper for [REDACTED]. In his 12/13/13, "Secondary Treating Physician's Progress Report", [REDACTED] diagnosed the claimant with: (1) Cervical sprain; (2) S/P right shoulder surgery; (3) Bilateral shoulder sprain; (4) Bilateral carpal tunnel syndrome right worse than the left; (5) Bilateral lateral epicondylitis; (6) Repetitive trauma to upper extremities; (7) Anxiety/stress; (8) Insomnia; (9) Depression; and (10) Possible cubital tunnel syndrome. It is also reported that the claimant has developed psychiatric symptoms secondary to her work-related orthopedic injuries. In a "Panel AME Psychological Evaluation" dated 6/14/13, [REDACTED] diagnosed the claimant with Depressive Disorder, NOS. It is the claimant's psychiatric diagnosis that is most relevant to this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

15 SESSIONS OF COGNITIVE BEHAVIORAL THERAPY: Upheld

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), as well as CA MTUS 2009: 9792.24.2 Chronic Pain Medical Treatment Guidelines, Pages 23, Behavioral Interventions.

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 Guideline regarding the cognitive behavioral treatment of depression will be used as reference for this case. Based on the review of the medical records, the claimant completed an AME psychological evaluation with [REDACTED] in June 2013, but did not receive any psychotherapy until she attended her initial psychotherapy session with [REDACTED] on 11/12/13. It is unclear as to whether an initial psychological consultation/assessment was completed by [REDACTED] office as there was no record of one in the records offered for review. It appears that this request for 15 psychotherapy sessions is an initial request. The ODG recommends 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 necessary. Given this request is for initial sessions, it exceeds the recommended initial number of sessions set forth by the ODG. As a result, the request for "15 sessions of cognitive behavioral therapy" is not medically necessary. It is suggested that future requests coincide with the guidelines and include all relevant documentation to support and substantiate the request.