

Case Number:	CM14-0010227		
Date Assigned:	02/21/2014	Date of Injury:	04/23/2012
Decision Date:	06/30/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/28/2014

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 Board Certified in Anesthesiology, has a subspecialty in 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:

The patient is a 34-year-old male who has submitted a claim for chronic pain syndrome, bilateral carpal tunnel syndrome, thoracic outlet syndrome, and resting tremor associated with an industrial injury date of April 23, 2012. Medical records from 2013 to 2014 were reviewed. Patient complained of fatigue, depressed mood, and insomnia. There is right-sided neck pain, rated 6 to 7/10 in severity, radiating to bilateral upper extremities. Patient's chronic pain continued to interfere with his daily activities and became a barrier from returning to work. Due to neck and arm pain, the patient falls asleep between 3:30 to 4 a.m. Physical examination revealed bilateral resting tremor. Motor strength of both wrists was 4/5. Sensation was diminished on both hands. Tinel's sign was positive bilaterally. Patient had 4 sessions of cognitive behavioral therapy. It resulted to decreased somatic and functional complaints. Depression and anxiety improved, as well as, activities in daily living. However, pain complaints, strength, and endurance remained the same. Treatment to date has included bilateral carpal tunnel release, physical therapy, and medications such as Lyrica, Voltaren gel, Motrin, Neurontin, and Cymbalta. Utilization review from December 30, 2013 denied the request for cognitive behavioral therapy, quantity 6 sessions due to lack of documentation concerning functional gains and current behavioral status.

IMR ISSUES, DECISIONS AND RATIONALES

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

COGNITIVE BEHAVIORAL THERAPY TIMES 6 SESSIONS: Overturned

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

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines, state that psychological intervention includes addressing co-morbid mood disorders such as, depression and anxiety. The MTUS guidelines also state that with evidence of objective functional improvement, a total of up to 6-10 visits over 5-6 weeks is advised. In this case, the patient has chronic pain syndrome resulting to fatigue, depressed mood, and insomnia. In this case, the patient had 4 sessions of cognitive behavioral therapy (CBT) resulting to decreased somatic and functional complaints. Depression and anxiety improved, as well as activities of daily living. Previous CBT consisted of psychotherapy, skills development, stress management, and assertiveness training. The indications given for extending therapy sessions were to stabilize mood using cognitive behavioral strategies, to promote sleep hygiene, and to teach the patient to assume responsibility for his own recovery. The medical necessity for continuing therapy sessions has been established. Therefore, the request for cognitive behavioral therapy, quantity 6 sessions is medically necessary and appropriate.