

<b>Case Number:</b>	CM14-0017770		
<b>Date Assigned:</b>	04/16/2014	<b>Date of Injury:</b>	01/07/2013
<b>Decision Date:</b>	05/08/2014	<b>UR Denial Date:</b>	01/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2014

### 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 37 year-old female [REDACTED] with a date of injury of 1/7/13. The claimant sustained injuries to her bilateral wrists and forearms as the result of cumulative trauma and repetitive strain from 10-key typing while working as an accountant for [REDACTED]. In their "Visit-Note - Follow-up Visit" dated 12/26/13, [REDACTED] and Physician's Assistant, [REDACTED], diagnosed the claimant with carpal tunnel syndrome and pain in joint of forearm. It is noted that the claimant has also developed psychiatric symptoms, specifically anxiety, secondary to her work related orthopedic injuries. In her "Behavioral and Psychological Evaluation" dated 12/10/13, [REDACTED] diagnosed the claimant with panic disorder. It is the claimant's diagnosis of panic disorder that is most relevant to this review. Original request is for twelve (12) cognitive behavioral therapy. It is noted that the claimant did receive a modification of 6 CBT sessions in response to this request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **COGNITIVE BEHAVIORAL THERAPY SESSIONS X 12:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines BEHAVIORAL INTERVENTIONS & BIOFEEDBACK Page(s): 23,25. Decision based on Non-MTUS Citation 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 Illness and Stress Chapter, Cognitive therapy for panic disorder

**Decision rationale:** The CA MTUS does not address the treatment of panic disorder therefore, the Official Disability Guideline regarding the cognitive treatment of panic disorder will be used as reference for this case. Based on the review of the medical records, the claimant has been experiencing anxiety in panic proportions secondary to her work-related physical injuries. She was evaluated by [REDACTED] and diagnosed with panic disorder. The claimant has not participated in any psychotherapy to help her manage and reduce her symptoms. This request is the initial request for psychological services. The ODG (Official Disability Guidelines) recommends that panic disorder be treated via cognitive behavioral therapy "over 12-14 sessions, conducted on a weekly basis". Based on this guideline, the request for an initial 12 sessions of CBT (Cognitive Behavioral Therapy) is appropriate and medically necessary.