

Case Number:	CM14-0123897		
Date Assigned:	08/08/2014	Date of Injury:	04/24/2011
Decision Date:	09/11/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/05/2014

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 a Licensed Psychologist 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 that were provided for this independent review, this patient is a 36-year-old female who reported an industrial/occupational injury on April 24, 2011 during the normal course of her work duties for [REDACTED]. medically she has been diagnosed with complex regional pain syndrome of the right upper extremity and history of right sided carpal tunnel syndrome surgery release and right elbow ulnar nerve transposition. There is also back pain with early degenerative disc disease. Psychologically, she has been diagnosed with Major Depressive Disorder; Pain Disorder associated with both psychological factors and a general medical condition. She has symptoms of emotional fits and depressive irritation with anger and neck and right hand and right arm pain. She is having significant episodes of panic and anxiety. There are notes that she has had "extensive psychological treatment in 2012" There is also an indication that she has been under the care of a Psychologist from at least 10/21/13 to 2/1/14. There are several psychotherapy progress notes from later in 2014 suggesting that her treatment has continued for most of 2014 at a unspecified frequency. A request was made by her treating Psychologist for an additional 8-10 individual therapy sessions to focus on pain management (cognitive behavioral therapy, biofeedback, hypnosis) and establishing control over her life. The request was not certified with the utilization rationale provided that the total number of therapy sessions that the patient has had to date was not specified, and that evidence of objective functional improvements were not provided. Her treating Psychologist further stated that the sessions are necessary to help her improve migraine headaches and controlling her anger as well as a feeling of being helpless and hopeless. An AME report mentions "12 additional psychotherapy sessions over the next six months to assist with adapting, adjusting, and coping" are needed without mention of the quantity of prior sessions already received or the outcome of

those sessions. There is mention of receiving past psychological treatment from 5 different providers since her injury, and current use of the medication Effexor with good results.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual Therapy Sessions to focus on Pain Management (CBT, Hypnosis, Biofeedback) and establishing control over her life (x8-10): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two, Behavioral Interventions, Cognitive Behavioral Therapy Page(s): 23 to 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Topic Psychotherapy Guidelines, Cognitive Behavioral Therapy, June 2014.

Decision rationale: According to the MTUS guidelines and Official Disability Guidelines, patients may have 13 to 20 sessions if they are making progress in treatment. It appears that this patient is by far exceeded that amount but it is not possible to state for certain. In addition medical necessity requires documentation of objective functional improvements that result from treatment. Documenting the patients need for treatment psychologically in terms of listing symptoms and diagnoses is only partially adequate there must be a response to the treatment that is provided that results in improved functional capacity as evidenced in improved activities of daily living or a reduction in work restrictions, and decreased need for continued medical care. In this case, the patient does not meet guidelines criteria, the request for individual therapy sessions to focus on pain management (CBT, Hypnosis, Biofeedback) and establishing control over her life (8-10) is not medically necessary and appropriate.