

Case Number:	CM14-0129690		
Date Assigned:	08/20/2014	Date of Injury:	07/19/2011
Decision Date:	10/01/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/14/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 59-year-old gentleman was reportedly injured on 19 July 2011. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated April 3, 2014, indicated that there were ongoing complaints of decreased sensation at the fourth and fifth digits of the bilateral upper extremities. The physical examination demonstrated decreased sensation over the third, fourth, and fifth digits bilaterally. An MRI of the cervical spine showed foraminal stenosis at C6-C7 and mild foraminal stenosis on the right-sided C7-T1. Diagnostic nerve conduction studies showed slowing of the ulnar nerve across the right elbow. Previous treatment included occupational therapy. A request had been made for 15 sessions of cognitive behavioral therapy and was not certified in the pre-authorization process on July 24, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral for cognitive behavior sessions x 15.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 Independent Medical Examinations and Consultations. Page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Cognitive Behavioral Therapy, Updated September 10, 2014.

Decision rationale: A review of the attached medical records does not indicate that the injured employee is having any issues that would require psychological intervention or cognitive behavioral therapy. There are only complaints of ulnar nerve issues. Without any additional justification, this request for 15 sessions of cognitive behavioral therapy is not medically necessary.