

Case Number:	CM14-0028842		
Date Assigned:	06/16/2014	Date of Injury:	09/13/2011
Decision Date:	07/25/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/06/2014

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 Board Certified in Psychologist and is licensed to practice in Texas. 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 injured worker is a 46-year-old female who reported an injury on 07/29/2012 was picking up boxes of quarters and heard a pop in the left elbow that had swelling. On 02/11/2014 the injured worker complained of itching and burning under the incision over the elbows, it was noted the left was worse than the right. The injured worker was lifting very light weights daily to increase strength. It was noted the injured worker was depressed and unable to provide for herself and thinking about her life since the injury. It was noted the injured worker was crying but did not want to harm or end her life. She stated that she wanted to re-enter the workforce. On the physical examination it was noted the injured worker was sad and depressed, but did not have obsessive thoughts, delusions, suicidal ideations, hallucinations and illusion. The injured worker had pain over the bilateral trapezius, forward neck, posture and bilateral protraction. The upper extremities had elicited pain response, the shoulder range of motion was diminished to 75 percent normal bilaterally, elbow range of motion was diminished in flexion on the left was 10 degrees. The injured worker was not able to touch the anterior deltoid on the left. Her grip on the right was 40/30/20 degrees and left was 30/30/20. It was noted the injured worker had a functional capacity evaluation for 2 days but was told of not being able to go back to the usual customary work duties. The diagnoses of the injured worker included carpal tunnel release, ulnar nerve lesion, tenosynovitis of the hand and wrist not elsewhere classified. The injured worker medications included Cymbalta, Hydrocodone-Acetaminophen, Ibuprofen, Lisinopril-Hydrochlorothiazide and Metformin HCl. The treatment plan included a decision for cognitive behavioral therapy 6 sessions. The authorization for request was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

COGNITIVE BEHAVIORAL THERAPY 6 SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES., BEHAVIORAL INTERVENTIONS Page(s): 23.

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

Decision rationale: The request for cognitive behavioral therapy 6 sessions is not medically necessary. Per the Chronic Pain Medical treatment Guidelines recommends pain psychology sessions are appropriate for identified patients during treatment for chronic pain. The guidelines recommend 3-4 initial sessions and up to 10 visits with evidence of objective functional improvement. There is no evidence that the injured worker is having impairments that would be the focus of psychotherapy. She recently completed 2 days of functional restoration program and there is no documentation of extenuating circumstances for why she needs additional treatment. The documents provided on 02/11/2014 indicated that the injured worker was working full-time. Given the above, the request for cognitive behavioral therapy 6 sessions is not medically necessary.