MAXIMUS Federal Services

Case Number:	CM14-0073904		
Date Assigned:	07/18/2014	Date of Injury:	06/19/2012
Decision Date:	10/09/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/21/2014

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 & Rehabilitation 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 injured worker is a 28 year old female who reported an injury on 06/19/2012 due to repetitive duties such as counting cash and using the keyboard. The diagnoses included adjustment disorder with mixed anxiety and depressed mood. Past treatments included physical therapy, acupuncture, and chiropractic therapy. Her diagnostic tests included a nerve study on 03/26/2014 of the left ulnar nerve that revealed neuropathy and cubital tunnel syndrome. There were no surgical procedures provided. In a psychologist exam on 02/14/2014, the injured worker complained of tight and tense right shoulder pain at 4/10, radiating bilateral elbow pain at 5/10, intermittent back and neck pain on the right at 0/10, and palm of hand pain. She was experiencing feelings of not being able to relax, dizziness, unsteadiness, nervousness, feelings of choking, indigestion, sweating, frustration, and no hope. The physical exam findings included the Epworth sleepiness scale at 1 which was borderline clinical range, the Beck anxiety test was at 16, the lowest score, the Beck depression test lI test was at 15, a mild range, her Global assessment of functioning test was at 65, indicating mild symptoms, the Pearson assessment computer scoring system test indicated she interpreted with confidence. She denied feeling depressed but had depressive symptoms on testing. There were no medications provided. The treatment plan and rationale indicated the need for 10 sessions of individual cognitive behavioral therapy to treat adjustment issues, associated anxiety, depressive symptoms and for behavioral chronic pain management, across 4 months of time. A request was also made for 2 units of psychological testing to assess progress in treatment across time. The request for authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Therapy times 10 Sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 101-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness, Cognitive therapy for depression.

Decision rationale: The request for cognitive therapy for 10 sessions is not medically necessary. The injured worker has a history of adjustment disorder with mixed anxiety and depressed mood. The CA MTUS Guidelines recommend psychological treatment for appropriately identified patients during treatment for chronic pain. The Official Disability Guidelines support up to 13-20 visits over 7-20 weeks, if progress is being made. The guidelines specify that studies show that a 4 to 6 session trial should be sufficient to provide evidence of improvement prior to continuing with treatment. The injured worker complained of pain in her back, neck, hand and shoulder along with experiencing feelings of not being able to relax, dizziness, unsteadiness, nervousness, feelings of choking, indigestion, sweating, frustration and no hope. However, while an initial trial of cognitive behavioral therapy would be appropriate in the treatment of the injured worker's depression, the request for 10 sessions exceeds the guideline recommendations of an initial trial of 4-6 sessions. In addition, the submitted request does not specify the frequency of treatment. As such, the request is not medically necessary.

Psychologist x2 Sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations, Page(s): 100-101.

Decision rationale: The request for psychologist times 2 sessions is not medically necessary. The injured worker has a history of adjustment disorder with mixed anxiety and depressed mood. The CA MTUS Guidelines state psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations. Psychosocial evaluations should determine if further psychosocial interventions are indicated. The injured worker complained of pain in her back, neck, hand and shoulder along with experiencing feelings of not being able to relax, dizziness, unsteadiness, nervousness, feelings of choking, indigestion, sweating, frustration and no hope. The concurrent request for cognitive treatment is not supported; therefore, the need for 2 units of psychologist testing to assess the progression of cognitive treatment is not supported. In addition, the submitted request does not specify a frequency. As such, the request is not medically necessary.