

Case Number:	CM14-0092241		
Date Assigned:	07/25/2014	Date of Injury:	11/12/2010
Decision Date:	09/08/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/18/2014

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 Clinical 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:

According to the records that were provided for this independent, this patient is a 38-year-old who reported an industrial/occupational work-related injury on November 12, 2010. According to records provided for this independent review, this patient is a 38-year and 11 month old male who reported an industrial/occupational related injury on November, 12, 2010. The injury occurred during his normal and usual customary work duties as a carpenter for the [REDACTED]. At that time he was using a pneumatic nail gun and he fired the nail into a piece of wood that struck a hard spot and kicked back violently and dislocated his left wrist and caused injury to the cervical spine. The wrist had to be snapped back into place but it would not stay so and repeatedly became dislocated. He reports neck pain that radiates to his left upper extremity, left wrist pain, and skin sensitivity with numbness in his left 2nd and 3rd fingers. He has had several medical interventions including radiofrequency ablation, cervical epidural steroid injections, left stellate ganglion nerve block, and medial branch nerve block. Is status post 2 left wrist surgeries with residual pain. Psychologically, he has been diagnosed with Depressive disorder, NOS, with Anxiety and Somatoform features, acutely exacerbated. He has been prescribed, and reports benefiting from, the antidepressant medication Wellbutrin. A note from May 29, 2013 from his treating physician states that he will require therapy to treat his Severe Depression and that he appears to have left upper extremity CRPS. A QME report from February 11, 2014 states that the patient has major depressive disorder with narcotic dependence. A request for 12 additional cognitive behavioral therapy sessions was made. The reason for the request is to reduce feelings of helplessness, restore hopefulness, encouraging to start doing gradual functional constructive activities. Furthermore it was recommended, that the patient have a minimum of 4 to 6 months of treatment. The request for additional treatment was not approved. The utilization review rationale for non-certification was

stated that he has received cognitive behavioral therapy sessions for an extended period of time and that while his symptomology continues, there is no indication that he is receiving objective observable benefit from the treatment. A note from his treating psychologist [REDACTED] November 4, 2013 states that the patient is experiencing severe major depression and as a result of his injury is unable to work, and this is resulted in him turning to public assistance and family charity keep his family together creating tremendous frustration, and irritability. That the treatments that he is receiving has helped him to formulate reasonable plans, and providing him with an outlet for venting and managing his despair and hyper irritability as well as helping him to relate to other people. This independent review will address a request to overturn that decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve sessions of cognitive behavioral therapy (CBT) psychotherapy: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Mental Illness and Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines part two, behavioral interventions, psychological treatment Page(s): 101-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress chapter, topic: psychotherapy guidelines, cognitive behavioral therapy, June 2014 update.

Decision rationale: The exact number of treatments that the patient has already received is unclear as it was not provided. According to the ODG official disability guidelines, patients may have thirteen to twenty visits maximum if progress is being made. Some patients who have severe symptomology including PTSD (post-traumatic stress disorder) or Major Depressive Disorder Severe may have up to fifty sessions maximum, if progress is being made. Based on these factors, the utilization review non-certification decision was appropriate. However, in this case I will allow an exemption to be offered one time to allow the patient to continue his treatment for the following reasons: it is not clear that he has surpassed the maximum number of sessions, he does appear to be making some progress in his treatment, the severity of his injury has been unfolding during the past year, he has had several surgical interventions, and appears to be in a state of severe depression and distress that warrants continued psychological care. Therefore the conclusion of this independent review is to make a one-time exemption of the MTUS/ODG criteria and allow for twelve additional sessions of cognitive behavioral therapy as deemed to be medically necessary. It should be noted, that these sessions should be used to wind down his Psychological treatment, unless there is documentation of the specific number of treatment sessions that he has had to date and that that number is under fifty at the conclusion of these additional sessions, and that further treatment is medically necessary. Therefore, the request for Twelve sessions of CBT psychotherapy is medically necessary and appropriate.