

Case Number:	CM14-0061148		
Date Assigned:	07/09/2014	Date of Injury:	03/16/2009
Decision Date:	04/22/2015	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	05/02/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Psychologist

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 36 year old woman sustained an industrial injury on 3/16/2009. The mechanism of injury is not detailed. Diagnoses include carpal tunnel syndrome, generalized anxiety disorder, recurrent major depressive disorder, and panic attacks. Treatment has included oral and topical medications and cognitive behavior therapy. Physician notes dated 2/12/2014 show chronic bilateral upper extremity pain. Prescriptions were given for diclofenac sodium topical, Naproxen, and Escitalopram. Recommendations include physical therapy, psychology follow up and cognitive behavior therapy, continue Lexapro, medical legal evaluation, refill medications, and follow up in four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy Cognitive Behavioral Therapy for 12 additional sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress (Cognitive Therapy).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter Cognitive therapy for depression.

Decision rationale: Based on the review of the medical records, the injured worker has been receiving psychotropic medication management as well as individual psychotherapy services for the treatment of her depression and anxiety. According to [REDACTED] AME re-evaluation report dated 3/10/14, the injured worker had completed approximately 18 psychotherapy sessions with [REDACTED], which had been difficult, but helpful. Given that the injured worker has already completed 18 sessions, the request for an additional 12 psychotherapy sessions exceeds the total number of psychotherapy sessions recommended by the ODG. As a result, the request is not medically necessary. It is noted that the injured worker received a modified authorization for an additional 2 psychotherapy sessions in response to this request.