

Case Number:	CM14-0063918		
Date Assigned:	07/11/2014	Date of Injury:	08/27/2008
Decision Date:	06/04/2015	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/06/2014

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. 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:

The injured worker is a 42 year old female with an industrial injury dated 08/27/2008. Her diagnoses included carpal tunnel syndrome and psychogenic pain. Prior treatments included acupuncture, physical therapy, TENS unit, home exercise program, hydrocortisone injections, wrist splints and pain medications. She presents on 04/18/2014 for follow up of chronic bilateral carpal tunnel syndrome and upper extremity pain. She has been taking Venlafaxine and stated it made her "slow mentally" and slowed down her thinking. She continues to report having depression and anxiety. She feels that this is worsening over time. She reports having feelings of worthlessness and hopelessness and requests to speak with a psychologist. Physical exam noted the injured worker is alert, oriented and anxious. Treatment plan included changing Venlafaxine to Cymbalta, continue acupuncture, referral to a psychologist and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 cognitive behavioral therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 400-401.

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 completed an initial psychological evaluation with [REDACTED] in September 2013. It does not appear that the injured worker received any follow-up psychological treatment following the evaluation. Therefore, the request under review, for 12 CBT sessions, is a request for initial sessions. The ODG indicates that for the treatment of depression, there is to be "an initial trial of 6 visits over 6 weeks." As a result, the request for 12 cognitive behavioral therapy sessions exceeds the recommendation for initial sessions and is not medically necessary. It is noted that the injured worker received a modified authorization for an additional 6 CBT sessions in response to this request.