

Case Number:	CM15-0001678		
Date Assigned:	01/12/2015	Date of Injury:	07/13/2009
Decision Date:	03/16/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	01/05/2015

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: Physical Medicine & Rehabilitation

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 patient is a 56 year old male with an injury date of 07/13/09. As per progress report dated 11/03/14, the patient complains of pain in bilateral upper extremities including hands, elbows and wrists along with bilateral lower extremity pain on a non-industrial basis. The patient also complains of depression and suicidal ideation without plan or means. The patient is status post right carpal tunnel release with revision on 04/14/10 and 10/02/12, left ulnar nerve transposition on 01/17/12, right ulnar nerve transposition on 07/13/11, left proximal carpectomy on 05/20/24, and fistulectomy in 2000, as per the same progress report. He also has history of gastroesophageal reflux, gout, hypertension, and sleep disturbances. Physical examination reveals tenderness to palpation in bilateral elbows and wrists along with painful yet full range of motion. In progress report dated 09/08/14, the patient complains of hearing noises when alone. The patient wears splints on left elbow and wrist and right wrist, as per progress report dated 11/03/14. Medications, as per the same report include, Gabapentin, Seroquel, Fluoxetine, Buprenorphine, Docusate sodium, Dexilant, Ketamine cream, Atenolol, Hydrochlorothiazide, and Dravastatin. The patient has completed a functional restoration program without much benefit, as per progress report dated 7/14/14. The patient is out of the work force, as per QME report dated 06/04/14. Diagnoses, 11/03/14: Unspecified major depression, recurrent episode Generalized anxiety disorder Carpal tunnel syndrome, bilateral, s/p right CTR and revision Lesion ulnar nerve, s/p bilateral ulnar nerve transposition Pain in joint forearm, s/p left proximal carpectomy Epicondylitis medial Long term use of medications N Therapeutic drug

Monitor. The utilization review determination being challenged is dated 12/08/14. Treatment reports were provided from 06/04/14 - 11/03/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Therapy 1xwk x 6wks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23. Decision based on Non-MTUS Citation ODG, Cognitive Behavioral Therapy (CBT)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation chapter 'Mental Illness and Stress' and topic 'Cognitive therapy for depression'

Decision rationale: The patient presents with bilateral upper and lower extremity pain along with depression and suicidal ideation, as per progress report dated 11/03/14. The request is for COGNITIVE THERAPY 1 X WK X 6 WKS. The patient also suffers from gastroesophageal reflux, gout, high blood pressure, and sleep disturbances. Medications, as per the same progress report include Gabapentin, Seroquel, Fluoxetine, Buprenorphine, Docusate sodium, Dexilant, Ketamine cream, Atenolol, Hydrochlorothiazide, and Dravastatin. The patient is status post right carpal tunnel release with revision on 04/14/10 and 10/02/12, left ulnar nerve transposition on 01/17/12, right ulnar nerve transposition on 07/13/11, left proximal carpectomy on 05/20/24, and fistulectomy in 2000, as per progress report dated 11/03/14. The patient is out of the work force, as per QME report dated 06/04/14. ODG guidelines, chapter 'Mental Illness and Stress' and topic 'Cognitive therapy for depression', recommends "Up to 13-20 visits over 7-20 weeks individual sessions, if progress is being made. The provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate. In cases of severe Major Depression or PTSD, up to 50 sessions if progress is being made." The guidelines also state that "...there is insufficient evidence in specify a specific number of visits for a trial, and there is risk that such a number could be used as a cap." In this case, the patient has been diagnosed with Adjustment disorder, Anxiety, Depressed mood, and Pain disorder, as per QME report dated 06/04/14 which also recommended 12 sessions of cognitive therapy. In progress report dated 06/16/14, the treater states that the patient may benefit from "ongoing cognitive therapy." In progress report dated 09/08/14, the treater states that patient has benefited from prior cognitive therapy and although the patient is still depressed, "currently he has no thoughts of suicidal ideation." In the same report, the treater states that the patient has been hearing voices and hence, requests for six additional sessions of cognitive therapy. In a UR denial appeal letter dated 10/15/14, the treater states that the patient has received 18 sessions of CBT which led to "decreased irritability, frustration, hopelessness and emptiness. He has increased understanding of his emotional responses to his physical limitations." The treater states that the patient continues to have maladaptive coping in form of depression, anxiety, hallucinations and suicidal thoughts. "The patient is motivated for treatment and will likely benefit from psychosocial intervention," the treater continues. In the most recent progress report dated 11/03/14, the treater states that cognitive therapy was authorized. The UR letter is dated 12/08/14 and there is no Request for Authorization form for this case. Therefore, it

appears that the current request is another one for additional sessions. Although ODG guidelines allow for up to 50 sessions in case of severe depression, they require evaluation of symptom improvement on a regular basis. The reports do not document the progress after the patient completed the authorized additional sessions of CBT. Hence, this request IS NOT medically necessary.

