

Case Number:	CM15-0141448		
Date Assigned:	07/31/2015	Date of Injury:	06/17/2014
Decision Date:	09/03/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/21/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

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 44 year old male, who sustained an industrial injury on June 17, 2014. The injured worker reported that he was carrying heavy material on his shoulder when the materials became stuck. The injured worker pulled forward causing him to fall forward landing on his left wrist when he heard a popping sound. The injured worker was diagnosed as having a chronic scapholunate interosseous ligament insufficiency, rotator subluxation of the scaphoid, dorsal intercalate segment instability of the wrist, degenerative joint disease of the first carpometacarpal joint, adjustment disorder with mixed anxiety and depressed mood, panic disorder, and attention deficit hyperactivity disorder from childhood. Treatment and diagnostic studies to date has included magnetic resonance imaging of the left wrist, magnetic resonance imaging of the thoracic spine, medication regimen, status post fusion of the right wrist, and x-rays. In a progress note dated May 04, 2015 the treating psychologist reports complaints of constant, extreme pain to the left hand, pain to the upper back, and pain to the left knee. The treating psychologist noted a depressed mood, tearful on a daily basis, difficulty with falling and staying asleep, lack of energy, constant anxiety with occasional panic attacks, and agitation. The injured worker's panic attacks have symptoms of difficulty breathing, racing heart, chest pain, perspiration, and fear of dying. The documentation provided noted that the injured worker has not had any prior psychotherapy. The treating psychologist requested individual cognitive behavior therapy times six sessions to provide techniques to decrease the injured worker's anxiety and panic attacks along with addressing the injured workers fear of surgery. The patient's surgical history include left knee and right wrist surgery. The medication list include Ativan and Valium.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual cognitive behavior therapy x 6: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 23 Behavioral interventions. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress (updated 03/25/15) Cognitive behavioral therapy (CBT).

Decision rationale: Request: Individual cognitive behavior therapy x 6. Per the CA MTUS Chronic pain medical treatment guidelines, ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain recommend "Initial trial of 3-4 psychotherapy visits over 2 weeks, - With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions)." The patient has had history of adjustment disorder with mixed anxiety and depressed mood, panic disorder, and attention deficit hyperactivity disorder from childhood. Treatment has included status post fusion of the right wrist. In a progress note dated May 04, 2015 the treating psychologist reports complaints of constant, extreme pain to the left hand, pain to the upper back, and pain to the left knee. The treating psychologist noted a depressed mood, tearful on a daily basis, difficulty with falling and staying asleep, lack of energy, constant anxiety with occasional panic attacks, and agitation. The injured worker's panic attacks have symptoms of difficulty breathing, racing heart, chest pain, perspiration, and fear of dying. The documentation provided noted that the injured worker has not had any prior psychotherapy. The treating psychologist requested individual cognitive behavior therapy times six sessions to provide techniques to decrease the injured worker's anxiety and panic attacks along with addressing the injured worker's fear of surgery. The patient's surgical history include left knee and right wrist surgery. The medication list include Ativan and Valium. The psychotherapy visits are deemed medically necessary and appropriate for this patient to address his psychological symptoms. The request for Individual cognitive behavior therapy x 6 is medically necessary and appropriate for this patient at this time.