

Case Number:	CM15-0143937		
Date Assigned:	08/04/2015	Date of Injury:	02/13/2014
Decision Date:	09/03/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/24/2015

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, Texas

Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction Psychiatry

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 60-year-old female who sustained an industrial injury on 02/13/14 to her wrists, fingers, neck, upper extremity, back, hands, forearms, elbows, and shoulders. She was placed on work restrictions, which she said were not accommodated. Her pain increased but she continued to work. She underwent right carpal tunnel release surgery on 03/06/15, followed by hand therapy. The patient related that on 03/09/15, she felt pressured by her employer to return to work, and felt threatened by this so soon post op. Her Workers Comp claim was amended on 04/06/15 to include psyche due to her orthopedic condition. On 06/12/15, she underwent psychological evaluation. She described wrist pain right > left with post op swelling. She presented as friendly and cooperative. She gave a history of being treated at the [REDACTED] [REDACTED] for around 3 years for her "emotional state", and for depression due to her industrial injury since 02/2014. At that time, she was prescribed citalopram 40mg. This dose has not changed. Other medications included Diclofenac, omeprazole, and Tramadol. She endorsed sadness most of the time, crying, decreased motivation, and decreased desire to socialize (but able to enjoy it when she does). She still attended church 2-3 times per week. She described anxiety attacks 3-4 times per week with difficulty breathing, palpitations and sweating. She reported decrease in appetite, weight loss of 5 lbs, and impairment of memory, concentration, and attention. She had sleep onset latency of around 1-2 hours unrelated to pain, and midsleep awakening. Her Beck Depression Inventory was 17 (upper mild), and anxiety was 15 (low moderate). She indicated that she was able to do housework. She was diagnosed with adjustment disorder with mixed anxious and depressed mood, and panic attacks. Recommendations included CBT x10 sessions. UR of 07/14/15 denied the requests for CBT x10 sessions and psychotropic medications, and approved a psychopharmacology evaluation and follow up visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual cognitive behavior therapy (CBT) x 10 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines, Cognitive behavior therapy guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23 of 127.

Decision rationale: The patient is suffering from depression and anxiety as well as pain. Evidence based literature has shown that individual psychotherapy is beneficial in helping these patients develop coping skills to manage chronic pain, thus alleviating the symptoms of depression/anxiety as well. Per guidelines, an initial trial would be 3-4 sessions over 2 weeks, followed by evaluation for objective functional improvement prior to certification of additional services. This request is therefore not medically necessary.

Psychotropic medication: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 42.

Decision rationale: The patient suffers from adjustment disorder with mixed anxious and depressed mood. She has been prescribed citalopram 40mg at the [REDACTED]. UR of 06/12/15 certified a psychopharmacology evaluation, but it is unknown if that has occurred. As such, the determination cannot be made for the necessity for psychotropic medications at this time. This request is therefore not medically necessary.