

Case Number:	CM15-0191087		
Date Assigned:	10/05/2015	Date of Injury:	06/01/2000
Decision Date:	11/13/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	09/29/2015

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: 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 51 year old female, who sustained an industrial injury on 6-1-2000. The medical records submitted did not include documentation regarding the initial injury. Diagnoses include carpal tunnel syndrome, mood disorder in conditions classified elsewhere, transient mental disorder secondary to condition, and cubital tunnel syndrome, status post two carpal tunnel releases in 2003 and 2005, and left carpal tunnel release in 2006, and status post two ulnar release surgeries in 2005 and 2006. Treatments to date include activity modification, wrist brace, and acupuncture and behavioral intervention sessions. On 9-10-15, the provider documented "making progress with the combination of acupuncture and bio-behavioral intervention. She reported ongoing pain in bilateral arms. She had a total of six sessions." The medications listed included Cymbalta 60mg daily and Ibuprofen 600mg three times a day. The physical examination documented bilateral wrist tenderness. The plan of care included additional acupuncture and behavioral intervention sessions, as well as an increase to the Cymbalta. The appeal requested authorization for twelve (12) cognitive behavioral therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve sessions of Cognitive Behavioral Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cognitive Behavioral Therapy (CBT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions.

Decision rationale: Based on the review of the medical records, the injured worker has been receiving psychological services. Unfortunately, there were no psychological records included for review documenting and describing the completed services to date. Therefore, despite ■■■■■ recommending additional psychological treatment, the need for additional services cannot be determined and the request for an additional 12 psychotherapy sessions is not medically necessary.