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| Case Number: | CM15-0036508 | | |
| Date Assigned: | 03/05/2015 | Date of Injury: | 12/15/2009 |
| Decision Date: | 04/21/2015 | UR Denial Date: | 02/10/2015 |
| Priority: | Standard | Application Received: | 02/26/2015 |

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, Arizona, Maryland
Certification(s)/Specialty: 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 (IW) is a 37-year-old female who sustained an industrial injury on 12/15/2009. The original injury involved lesion of the ulnar nerve, hand joint pain and carpal tunnel syndrome. Diagnoses include major depression, unspecified anxiety disorder. Treatment to date has included medications. According to the progress notes dated 1/30/15, the IW reported being depressed about twice a week, lasting up to one day. The notes stated she appeared dysphoric, she had difficulty coping with her limitations and had no plans for her future. The requested service, psychotherapy, was recommended for treatment of depression and pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Cognitive Behavioral Therapy Visits for Treatment of Depression and Pain: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 23, 100-102.

Decision rationale: California MTUS states that behavioral interventions are recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain recommends screening for patients with risk factors for delayed recovery, including fear avoidance beliefs. Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone: 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) Upon review of the submitted documentation, it is gathered that the injured worker suffers from chronic pain and depression. The guidelines recommend behavioral treatment of the chronic pain with psychotherapy. However, the request for 8 Cognitive Behavioral Therapy Visits for Treatment of Depression and Pain exceeds the guideline recommendations for an initial trial of 4 sessions. Thus, the request for 8 sessions is excessive and not medically necessary.