

Case Number:	CM15-0039000		
Date Assigned:	03/09/2015	Date of Injury:	07/10/2007
Decision Date:	04/10/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	03/02/2015

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: Emergency Medicine

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 46-year-old female, who sustained an industrial injury on July 10, 2007. The mechanism of injury is not indicated within the records available for this review. The injured worker was diagnosed as having status post-bilateral cubital tunnel releases, carpal tunnel releases, and ulnar nerve decompression at the wrists, anxiety, and depression. Treatment to date has included medications, chiropractic treatment, and a home exercise program. She has also received individual psychological treatment, bio treatment, and psychological testing. In January 2015, she continues to report negative moods, and difficulty with sleep. She reports the psychotherapy and cognitive behavioral therapy techniques to be helpful. Objective findings are revealed as pessimism, concentration difficulty, and irritation. She also indicates she has experienced inability to relax, and nervousness. Currently, the injured worker complains of left shoulder and neck pain, with numbness in her hands. Physical findings revealed a decreased range of motion of the neck. Tenderness is noted in the trapezii, and paracervical areas. She has a positive impingement sign, and tenderness is also noted over the right cubital tunnel and carpal tunnel areas. Her treatment current treatment plan as of January 22, 2015, is to schedule her authorized scalene block. She is to continue home exercises. In the future the provider feels she may need left shoulder surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual psychotherapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ODG cognitive behavioral therapy (CBT).

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

Decision rationale: As per MTUS Chronic pain guidelines recommends initial trial of 3-4 psychotherapy visits over 2 weeks and with evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks(individual sessions). Pt has already received 10 sessions and has some documented subjective improvement documented. Objective functional improvement is minimal. There is no documentation as to why additional sessions are required beyond documented sessions of some subjective improvement in sleep and mood. It is unclear why separate psychotherapy is needed in addition to Cognitive Behavioral Therapy. Individual psychotherapy is not medically necessary.

CBT Treatment Techniques: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ODG, cognitive behavioral therapy (CBT).

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

Decision rationale: As per MTUS Chronic pain guidelines recommends initial trial of 3-4 psychotherapy/CBT visits over 2 weeks and with evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks(individual sessions). Pt has already received 10 sessions and has some documented subjective improvement documented. Objective functional improvement is minimal. There is no documentation as to why additional sessions are required beyond documentation of some subjective improvement in sleep and mood. While CBT has shown some mild improvement in mood and function, additional sessions are not supported by documentation.

Bio treatment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ODG biofeedback therapy guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback Page(s): 24.

Decision rationale: As per MTUS Chronic pain guidelines, biofeedback is not recommended as a stand-alone treatment, but recommended as an option in a cognitive behavioral therapy (CBT)

program to facilitate exercise therapy and return to activity. Since Additional CBT does not meet criteria for additional sessions, biofeedback is not medically necessary.