

Case Number:	CM15-0039257		
Date Assigned:	03/09/2015	Date of Injury:	01/23/2014
Decision Date:	04/16/2015	UR Denial Date:	02/12/2015
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: 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 37 year old female, who sustained an industrial injury on 1/23/2014. Currently she reports continued right hand complaints, that is without any typical pattern, and that sometimes radiates up her right arm and into her neck. The injured worker was diagnosed with, and/or impressions were noted to include: pain in joint of hand; reflex sympathetic dystrophy of upper limb; and chronic pain syndrome. Treatments to date have included consultations, diagnostic imaging studies; electromyogram and nerve conduction studies (10/24/14); physical and occupational therapies; home exercise program; heat and cold therapy; acupuncture therapy; and medication management (with noted non-compliance). Several patient notes describe the injured worker as depressed, from her crush injury, resulting in the recommendation for cognitive behavioral therapy. The history notes psychotherapy during childhood and adolescence, for child abuse. It is noted this injured worker was returned to work on modified duty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavioral Therapy for 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 101.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter Cognitive therapy for depression.

Decision rationale: Based on the review of the medical records, the injured worker completed an initial psychological evaluation with [REDACTED] and [REDACTED] in January 2015. In that report, it was recommended that the injured worker receive follow-up psychotherapy, biofeedback, and a psychiatric consultation. The request under review is based on this recommendation. Unfortunately, although the injured worker appears to be in need of psychotherapy, the request for an initial 12 sessions exceeds the ODG recommendations for the treatment of depression. The ODG recommends an "initial trial of 6 visits over 6 weeks." As a result, the request for 12 sessions of CBT is not medically necessary.