MAXIMUS Federal Services

Case Number:	CM15-0087317		
Date Assigned:	05/11/2015	Date of Injury:	04/24/2006
Decision Date:	06/19/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	05/06/2015

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 is a 44-year-old female who sustained an industrial injury on 4/24/06. The injured worker was diagnosed as having status post right carpal tunnel release, status post right shoulder arthroscopic decompression, bilateral wrist de Quervain tenosynovitis, depressive disorder and chronic pain syndrome. Currently, the injured worker was with complaints of pain in the neck, right shoulder, right wrist and hand, as well of symptoms of stress and depression. Previous treatments included a wrist brace, medication management, physical therapy, cortisone injections, and activity modification. Previous diagnostic studies included radiographic studies. Physical examination was notable for cervical spine muscle guarding and tenderness, tenderness noted to the acromioclavicular joint, biceps and supraspinatus tendon as well as the first dorsal compartment. The plan of care was for cognitive behavioral therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Visits of Cognitive Behavioral Therapy for Depressive Disorder: 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 secondary to industrial trauma and depressive disorder as a psychological consequence of the same. She would be a good candidate for behavioral treatment of chronic pain. However, the request for 6 Visits of Cognitive Behavioral Therapy exceeds the guideline recommendations for an initial trial since the Depressive Disorder is subsequent to the chronic pain due to industrial trauma. Thus, the request is not medically necessary at this time.