

Case Number:	CM14-0112281		
Date Assigned:	08/01/2014	Date of Injury:	02/06/2012
Decision Date:	09/30/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	07/18/2014

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. The expert reviewer is Board Certified in Psychology and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 59-year-old female who reported an injury on 02/06/2012. She sustained injuries due to repetitive running of control boards requiring manipulation of a large number of switches as well as carrying trays of food. She sustained injuries to her right wrist and right arm. The injured worker's treatment history included Electromyography/Nerve Conduction Velocity (EMG/NCV) studies, MRI studies, surgery, medications, and psychological sessions. On 07/08/2014 the injured worker was evaluated and it was documented that the injured worker reported she sleeps excessively during the night and day, she tends to isolate and withdraw from others, tries to force herself to get out of the apartment, has negative thoughts, some days worse than others, she was not suicidal. The provider noted that the injured worker has had 22 psychological sessions. He was requesting to continue 2 per month treatment. Objective findings: the injured worker was alert, speech was clear, mood was sad, affect down, discouraged at the prospect of terminating treatment, now especially since she and her daughter had talked. Diagnoses included depression, secondary to pain, lifestyle change of forced retirement and functional limitations causing her to feel handicapped and somewhat not normal. The Request for Authorization dating 07/10/2014 was for psychological sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 Psychological Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 105-127. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The request for 10 Psychological sessions is not medically necessary. The Chronic Pain Medical Treatment Guidelines states that the cognitive behavioral sessions 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. The guidelines states that patients should be screened for patients with risk factors for delayed recovery, as well as motivation to comply with a treatment regimen that requires self-discipline. Initial therapy for these "at risk" patients should be physical medicine exercise instruction, using a cognitive motivational approach to PT. Possibly consider biofeedback referral in conjunction with CBT after 4 weeks: - 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). The documentation submitted failed to indicate the injured worker's long term functional goal. The documents submitted for review indicated the injured worker having 22 sessions of psychological sessions. However long-term functional goals and physiological session's outcome measurements were not submitted for review. Additionally, the request will exceed recommended amount of number of visits per the guidelines. Given the above, the request for 10 Psychological sessions is not medically necessary.