

Case Number:	CM14-0121455		
Date Assigned:	09/23/2014	Date of Injury:	10/31/2011
Decision Date:	11/14/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	08/01/2014

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 Psychiatry and is licensed to practice in California. 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 39 year old male with date of injury 10/31/2011 when he suffered from an industrial injury causing bilateral elbow pain and underwent bilateral carpal tunnel surgeries. The report dated 4/29/2014, suggested that his mood had become increasingly more anxious, agitated, and irritable. He was not able to sleep at night and was waking up with nightmares and bad dreams. Appetite was described as erratic causing weight gain of 100 lbs. He was experiencing spontaneous crying spells, feelings of helplessness and hopelessness but denied any thoughts of suicide because of cultural and religious concerns. He was diagnosed with depressive disorder, not otherwise specified; psychological factors affecting medical disorder; and chronic pain disorder. He was started on a new antidepressant medication Brintellix 10 mg a day and Vistaril 50 mg on an as needed basis for anxiety and agitation. It was suggested that the injured worker had been undergoing cognitive behavior therapy but the number of sessions completed so far was not documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Therapy 1xwk x 12wks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23. Decision based on Non-MTUS Citation Cognitive Therapy

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 23, 100-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress, Cognitive Therapy for Depression

Decision rationale: The injured worker suffered from industrial injury causing bilateral carpal tunnel syndrome and suffers from chronic pain due to the same. It was suggested that the injured worker had been undergoing cognitive behavior therapy but the number of sessions completed so far was not documented. Also, there is no information regarding any evidence of objective functional improvement from the treatment so far. Based on the lack of information regarding the treatment thus far, this request is not medically necessary.