

Case Number:	CM14-0128637		
Date Assigned:	08/18/2014	Date of Injury:	09/24/2013
Decision Date:	11/14/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/13/2014

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 licensed in Psychology 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 claimant is a 33 year-old female [REDACTED] with a date of injury of 9/24/13. The claimant sustained injury to her right hand and back as the result of repetitive motions while working for [REDACTED]. In his report dated 7/8/14, [REDACTED] diagnosed the claimant with carpal tunnel syndrome; forearm tendinopathy; and cervical disc disease. Additionally, in his "Visit Note" dated 7/22/14, [REDACTED] diagnosed the claimant with cervical disc displacement without myelopathy; neck pain; syndrome cervicobrachial; carpal tunnel syndrome; and unspecified major depression, recurrent episode. It is also reported that the claimant has developed psychiatric symptoms secondary to her work-related orthopedic injuries and chronic pain. In their "Pain and Rehabilitation Consultants Behavioral and Psychological Evaluation" dated 7/1/14, [REDACTED] and [REDACTED] diagnosed the claimant with major depressive disorder, single episode; and pain disorder due to both psychological factors and a general medical condition.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual cognitive behavioral treatment for 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 23.

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

Decision rationale: The California MTUS does not address the treatment of depression therefore; the Official Disability Guideline regarding the treatment of depression will be used as reference for this case. Based on the review of the medical records, the claimant continues to experience chronic pain since her injury in September 2013. She has also been experiencing symptoms of depression secondary to her pain. The claimant completed an initial psychological evaluation in July 2014 for which follow-up psychological services/CBT psychotherapy was recommended. The request under review pertains to that recommendation. The records present relevant information to support the claimant's need for follow-up services however, the request for 12 initial sessions exceeds the Official Disability Guidelines recommendations. The Official Disability Guidelines recommends an "initial trial of 6 visits over 6 weeks". As a result, the request for individual cognitive behavioral treatment for 12 sessions is not medically necessary.