

Case Number:	CM14-0143109		
Date Assigned:	09/10/2014	Date of Injury:	07/11/2013
Decision Date:	10/10/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/04/2014

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 Family Practice 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:

This is a 45-year-old patient who reported an industrial injury to the bilateral upper extremities on 7/11/2012, over two years ago, attributed to the performance of her usual and customary job tasks reported as RSI and keyboarding. The patient was reported to complain of pain to the BUEs characterized as burning and tingling. The patient reported pain to the first CMC joint and proximal interphalangeal joint of the first finger; numbness to the right thumb; and tingling to the 4-5 digits of the left hand. The symptoms were reported to be worse with keyboarding and mousing. The objective findings on examination included mild tenderness of the left medial epicondyles, flexor tendon insertion, lateral epicondyles, lateral extensor tendon insertion and negative Tinel's; moderate tenderness on right medial epicondyles, lateral condyle and lateral extensor tendon insertion; severe tenderness on the flexor tendon insertion; negative Tinel's that the olecranon; Phalen's test positive at the wrist; Tinel's sign, carpal Canal compression and Finkelstein's positive on the right; grip strength was documented. In addition, Electrodiagnostic study documented mild right carpal tunnel syndrome. The diagnoses included bilateral upper extremity RSI; right medial epicondylitis; right de Quervain's tenosynovitis; right carpal tunnel syndrome. The treatment plan included work restrictions; TENS unit; acupuncture; physical therapy; and referral to chronic pain management. The patient was prescribed 10-12 sessions of cognitive behavioral therapy. The patient was noted to have already had 12 sessions of cognitive behavioral therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavioral Therapy 10-12 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398. Decision based on Non-MTUS Citation chapter 6--page 115; Pain chapter 2008 pages 224-26. Official Disability Guidelines (ODG) Mental Stress Chapter-- psychological evaluation; Cognitive therapy; Pain chapter psychological evaluations; behavioral interventions

Decision rationale: The patient received prior sessions of CBT for reported RSI symptoms to the BUEs. The patient was received the recommended of behavioral therapy recommended by evidence-based guidelines. The patient is noted to be over two (2) years s/p DOI. The treating physician has provided no rationale supported by objective evidence to support the medical necessity of additional behavioral therapy. The ODG recommends up to 20 sessions of CBT over a period of 13-20 weeks for the provision of CBT in order to teaching pain coping skills. The patient has received prior session of CBT for which there is no documented functional improvement. The patient has a diagnosis of bilateral upper extremity RSI for which the treatment is simply not to do the RSI issues related to the keyboard mousing. There is no demonstrated medical necessity for cognitive behavioral therapy for the symptoms and diagnoses documented. The request for authorization of additional sessions of CBT is not supported with subjective/objective evidence to demonstrate medical necessity. The continued sessions are directed to the treatment of chronic pain issues, which were addressed in the FRP. The ACOEM guidelines state that there is sufficient evidence to support the medical necessity of psychological consultations and treatment for chronic pain issues; however, patients should be evaluated psychologically to explore factors maintaining chronic pain and disability and to facilitate recovery and restoration of function." The Official Disability Guidelines recommend that psychological evaluations are used "not only with selected use in pain problems, but also with more widespread use in subacute and chronic pain populations. Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated." There is no rationale provided by the requesting physician supported with objective evidence to support the medical necessity of any additional behavioral therapy for the effects of this industrial injury. Therefore, this request is not medically necessary.