

Case Number:	CM14-0083990		
Date Assigned:	09/18/2014	Date of Injury:	10/15/1999
Decision Date:	10/16/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/05/2014

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 Occupational Medicine, 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:

There were 261 pages provided for this review. The request for independent medical perfume was signed on June 3, 2014. Modification was suggested for psychotherapist two times a week for six weeks to four psychotherapy sessions on May 15, 2014. The utilization review was done on May 15, 2014. Per the records provided, the patient is a 54-year-old person who was injured on October 15, 1999. The mechanism of injury was not documented. Treatments have included Toradol injections and a TENS unit. There was an arthroscopic acromioplasty of the right elbow, ulnar nerve decompression in 2002 and a left carpal tunnel and median nerve lysis in the left wrist in 1998. There was a functional capacity evaluation. The patient had 35 physiotherapy treatments with the last session on February 14, 2014. The patient's medicines were Lidoderm, Motrin, Flexeril and Norco. The medicines were somewhat effective. The patient had electromyography and nerve conduction velocity studies, MRI of the right elbow and neck and x-rays of the lumbar spine. There were no objective interpretations of these reports. The patient has been permanent and stationary since August 9, 2009. 90% of the disability was apportioned to the industrial injury and 10% to nonindustrial factors. The patient had neck pain, left elbow pain, right elbow pain, left wrist pain, and right wrist pain that remained unchanged. The patient had returned to work. The patient was diagnosed with a musculoligamentous sprain or strains of the lumbar spine, musculotendinous no ligamentous sprain of the cervical spine, lumbar radiculopathy, sacroiliac dysfunction, right carpal tunnel syndrome, left facet arthropathy, shoulder impingement syndrome. The patient is reportedly suffering from psychiatric and physical disability due to a work-related injury. The 12

sessions was excessive. The four sessions should be done to wean her to self-management and self-coping.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapist; twelve (12) sessions (2X6): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127, Chronic Pain Treatment Guidelines Behavioral interventions. Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines Cognitive Behavioral Therapy (CBT) guidelines for chronic pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation x Official Disability Guidelines (ODG) under Mental Health and Stress, cognitive behavioral therapy for depression.

Decision rationale: I did not find this precise treatment for this clinical situation covered under MTUS. The ODG notes that cognitive behavior therapy for depression is recommended based on meta-analyses that compare its use with pharmaceuticals. Cognitive behavior therapy fared as well as antidepressant medication with severely depressed outpatients in four major comparisons. Effects may be longer lasting (80% relapse rate with antidepressants versus 25% with psychotherapy). (Paykel, 2006) (Bockting, 2006) (DeRubeis, 1999) (Goldapple, 2004). The guides do however suggest initial trial: Initial trial of 6 visits over 6 weeks with evidence of objective functional improvement, total of up to 13-20 visits over 13-20 weeks (individual sessions) therefore, 12 sessions initially is not medically necessary.