MAXIMUS Federal Services

Case Number:	CM15-0121270		
Date Assigned:	07/02/2015	Date of Injury:	07/11/2013
Decision Date:	08/27/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/23/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Psychologist

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 46-year-old female with a July 11, 2013 date of injury. A progress note dated May 27, 2015 documents subjective complaints (bilateral upper extremity/elbow/ forearm pain and intermittent paresthesias), objective findings (tenderness to palpation at the distal ulna in the right; positive Finkelstein's bilaterally; positive Tinel's on the right; positive Phalen's on the right), and current diagnoses (bilateral medial and lateral epicondylitis; myositis of the bilateral forearms; repetitive stress injury; mild right carpal and cubital tunnel syndromes). Treatments to date have included physical therapy, acupuncture, cognitive behavioral therapy, medications, and diagnostic testing. The medical record indicates that there has minimal improvement with conservative care. The treating physician documented a plan of care that included a cognitive behavioral therapy evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral therapy evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two: Behavioral Interventions, Psychological Evaluation, Pages 100 -101.

Decision rationale: Citation Summary: According to the MTUS psychological evaluations are generally accepted, well-established diagnostic procedures not only with selective use in pain problems, but with more widespread use in chronic pain populations. Diagnostic evaluation should distinguish between conditions that are pre-existing, aggravated by the current injury or work-related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. According to the official disability guidelines: psychometrics is very important in the evaluation of chronic complex pain problems, but there are some caveats. Not every patient with chronic pain needs to have a psychometric exam. Only those with complex or confounding issues. Evaluation by a psychologist is often very useful and sometimes detrimental depending on the psychologist and the patient. Careful selection is needed. Psychometrics can be part of the physical examination, but in many instances, this requires more time than it may be allocated to the examination. In addition, it should not be bundled into the payment but rather be reimbursed separately. There are many psychometric tests with many different purposes. There is no single test that can measure all the variables. Hence, a battery from which the appropriate test can be selected is useful. Decision: A request was made for cognitive behavioral therapy evaluation, the request was not approved by utilization review provided the following rationale for its decision: "The patient had minimal improvement with physical therapy, acupuncture, cognitive behavioral therapy (CBT) was noted. The number of sessions was not documented..." This IMR will address a request to overturn that decision. According to an Agreed Medical Examination in Psychiatry from January 22, 2015, According to the provided medical records, this patient has received approximately 8 sessions of cognitive therapy on an industrial basis for her psychological sequelae that resulted from her injury. It was recommended that she returned to work at least a part-time basis by the treating therapist [redacted], at which time per therapy sessions were cut off. It was noted, "Pain has improved to a degree since she started seeing [redacted]." She is attempting to restart the psychological treatment at this time, which she feels she needs for anxiety, depression, and to address her pain. During the January 22, 2015 evaluation, psychological assessment was provided with multiple instruments and a diagnosis of: Major Depressive Disorder without psychotic features; Anxiety Disorder not otherwise specified; possible panic disorder; Pain Disorder associated with both psychological factors and a general medical condition. The patient has had a comprehensive agreed medical evaluation in psychiatry that included psychometric testing and resulted in a diagnosis, a clear description of her condition from a psychological and psychiatric perspective, and treatment recommendations. A cognitive behavioral therapy evaluation is not needed at this time as a comprehensive evaluation has been completed recently and this would be a duplication of services. Therefore the medical necessity the request is not established utilization review decision is not medically necessary.