

<b>Case Number:</b>	CM13-0043415		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	02/14/2012
<b>Decision Date:</b>	04/10/2014	<b>UR Denial Date:</b>	10/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2013

### 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 39 year-old female (██████████) with a date of injury of 2/14/12. According to medical records, the claimant sustained injury to her wrist and thumb as a result of overuse and developed trigger finger as the result of being hit by the refridgerator door while working as a pastry chef for ██████████. According to the 1/10/14 PR-2 report by physician assistant, ██████████, the claimant is diagnosed with: (1) Right hand/wrist sprain; (2) Overuse syndrome; (3) L hand; (4) Chronic myofascial pain/gastritis; (5) Poor coping; and (6) HX: pre DM, controlled HTN. It is also reported that the claimant developed psychiatric symptoms secodary to her work-realted physical injuries. In ██████████ "Primary/Secondary Treating Physician's Progress Report" dated 11/16/13, the claimant is diagnosed with: (1) Major depressive disorder, single episode, severe, without psychotic features; (2) Adjustment disorder with anxiety; (3) Insomnia related to depression, anxiety, and pain; and (4) Pain disorder associated with both psychological factors and a general medical condition. It is the claimant's psychiatric diagnoses that are most relevant to this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve sessions of cognitive behavioral therapy:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS.  
Decision based on Non-MTUS Citation ODG MENTAL ILLNESS AND STRESS CHAPTER

**Decision rationale:** Based on the review of the medical records, the claimant began group psychotherapy sessions following [REDACTED] "Initial Psychiatric Evaluation and Report" dated 4/1/13. In a group note dated 8/27/13, [REDACTED] indicated that the claimant had been seen for her 8th CBT group session and was requesting an additional 6 group sessions. It is unclear as to whether those sessions were authorized and completed. It is also unclear from the current request whether it is for continued group sessions or individual sessions. The ODG indicates that for the treatment of depression an "initial trial of 6 visits over 6 weeks" and "with evidence of objective functional improvement, total of 13-20 visits over 13-20 weeks (individual sessions)" may be provided. The notes offered for review, particularly the group SOAP notes, do not adequately describe or present the claimant's objective functional improvements gained from the completed psychotherapy sessions. Without this information, the need for further sessions cannot be fully determined. As a result, the request for "Twelve sessions of cognitive behavioral therapy" is not medically necessary.