

<b>Case Number:</b>	CM14-0009224		
<b>Date Assigned:</b>	02/14/2014	<b>Date of Injury:</b>	03/31/2005
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	01/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2014

### 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 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:

This is a claimant with a date of injury of 3/31/05. The claimant sustained injuries to her right shoulder, arm, and bicep when she tried to stop a heavy tote from falling while working as a pharmacy technician for [REDACTED]. In a 1/26/14 progress report, [REDACTED] diagnosed the claimant with the following: (1) Left shoulder chronic impingement, status post left shoulder arthroscopy with SAD (Subacromial Decompression) on November 29, 2012; (2) Partial biceps tendon tear, status post extensive debridement; (3) Left carpal tunnel syndrome, status post left carpal tunnel release on November 29, 2012; (4) Probable early complex regional pain syndrome now affecting the left upper extremity from the shoulder down to the hand; (5) Status post manipulation under anesthesia, right shoulder, with debridement and subacromial decompression on September 12, 2013; and (6) Chronic neck pain, determined to be nonindustrial by the Agreed Medical Examiner, [REDACTED]. She has also developed psychiatric symptoms secondary to her work-related orthopedic injuries. In his 11/12/13 request of authorization (RFA), [REDACTED] diagnosed the claimant with: (1) Major depressive disorder, single episode; (2) Generalized anxiety disorder; (3) Female hypoactive sexual desire disorder; and (4) Insomnia. 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:

**RQ RELAXATION TRAINING TWO (2) TIMES A MONTH FOR TWELVE (12) WEEKS:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398-404..

**Decision rationale:** The CA MTUS does not address the use of relaxation training in the treatment of mental health conditions therefore, the ACOEM guideline regarding the use of relaxation techniques will be used as reference for this case. Based on a review of the medical records, the claimant has been receiving psychiatric services from [REDACTED] and psychological services from [REDACTED]. It appears that [REDACTED] completed his "Psychological Consultation Report/Request for Treatment Authorization" with the claimant on 4/30/12 and she has been engaging in psychological services since. The most recent progress report from [REDACTED] is dated 10/22/13. It is not clear from the note as to exactly how many sessions have been completed to date. In regards to progress, [REDACTED] writes, "The patient has made some progress towards her current treatment goals as evidenced by the patient's current emotional condition remains stable with psychotherapy interventions and psychotropic medication." Given that the claimant has been deemed permanent and stationary and she continues to achieve some improvements from the services, the request for additional services is appropriate, especially at a reduced frequency. As a result, the request for RQ relaxation training two (2) times a month for twelve (12) weeks is medically necessary.

**COGNITIVE BEHAVIORAL INDIVIDUAL PSYCHOTHERAPY TWO (2) TIMES A MONTH FOR TWELVE (12) WEEKS:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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, Cognitive therapy for depression, and The American Psychiatric Association Practice Guideline for the Treatment of Patients with Major Depressive Disorder (2010), pg. 58.

**Decision rationale:** The CA MTUS does not address the treatment of depression therefore, the Official Disability Guidelines (ODG) regarding the cognitive behavioral treatment of depression and the American Psychiatric Association guidelines regarding the maintenance phase treatment of patients with major depressive disorder will be used as references for this case. Based on a review of the medical records, the claimant has been receiving psychiatric services from [REDACTED] and psychological services from [REDACTED]. It appears that [REDACTED] completed his "Psychological Consultation Report/Request for Treatment Authorization" with the claimant on 4/30/12 and she has been engaging in psychological services since. The most recent progress report from [REDACTED] is dated 10/22/13. It is not clear from the note as to exactly how many sessions have been completed to date. In regards to progress, [REDACTED] writes, "The patient has made some progress towards her current treatment goals as evidenced by the patient's current emotional condition remains stable with psychotherapy interventions and psychotropic medication." Given that the claimant has been deemed permanent and stationary and she

continues to achieve some improvements from the services, the request for additional services is appropriate, especially at a reduced frequency. As a result, the request for cognitive behavioral individual psychotherapy two (2) times a month for twelve (12) weeks is medically necessary.