

Case Number:	CM14-0017177		
Date Assigned:	04/14/2014	Date of Injury:	05/01/2012
Decision Date:	05/08/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/11/2014

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 a Licensed Psychologist 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 44 year-old female with a date of injury of 5/1/12. The claimant sustained injury to her left hand and fingers when she lifted a large plastic tub and experienced pain and popping in her left thumb. The pain also extended into her left palm. The claimant sustained this injury while working for [REDACTED]. In the "Agreed Medical Examination" dated 1/28/14, [REDACTED] diagnosed the claimant with: status post left De Quervain's release with residuals, 2/14/13; left shoulder subacromial impingement syndrome; rule ou carpal tunnel syndrome; right upper extremity-resolved, no evidence of clinical abnormality; and complaints of depression, anxiety, sleep difficulty. It is also reported that the claimant has experienced psychiatric symptoms secondary to her work-related orthopedic injuries. In his 3/5/14 "Agreed Medical Evaluation", [REDACTED] diagnosed the claimant with: major depressive disorder, in partial remission; generalized anxiety disorder; and pain disorder with both psychological factors and general medical condition. Additionally, treating psychologist, [REDACTED], has diagnosed the claimant with: depressive disorder NOS; generalized anxiety disorder; female hypoactive sexual desire disorder; and 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:

COGNITIVE BEHAVIOR GROUP PSYCHOTHERAPY ONE SESSION PER WEEK FOR SIX WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mental Illness and Stress Chapter

Decision rationale: The Official Disability Guidelines (ODG) indicates that for the treatment of depression it is recommended that there be 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 necessary. Based on the review of the medical records, the claimant has been receiving psychotherapy services with [REDACTED] and a colleague since September 2013. The exact number of completed sessions is unknown. In his most recent "Requested Progress Report/Request for Treatment" dated 2/10/14, [REDACTED] notes that the claimant's objective findings are that she is "sad and anxious. She is preoccupied about the future and her physical condition". He further notes that the "Patient has made some progress towards current treatment goals as evidenced by: Some improvement of her social functioning and her ability to better manage her anxiety". Despite this information, there is limited documentation demonstrating objective functional improvement from over 5 months of therapy and the need for further treatment. The request for cognitive behavior group psychotherapy one session per week for six weeks are not medically necessary and appropriate.

RELAXATION TRAINING ONE SESSION PER WEEK FOR SIX WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mental Illness and Stress Chapter

Decision rationale: The CA MTUS does not address the use of relaxation training therefore, the Official Disability Guideline regarding stress management, behavioral/cognitive interventions will be used as this incorporated relaxation training. Based on the review of the medical records, the claimant has been receiving psychotherapy and relaxation training services with [REDACTED] and a colleague since September 2013. The exact number of completed sessions is unknown. In his most recent "Requested Progress Report/Request for Treatment" dated 2/10/14, [REDACTED] notes that the claimant's objective findings are that she is "sad and anxious. She is preoccupied about the future and her physical condition". He further notes that the "Patient has made some progress towards current treatment goals as evidenced by: Some improvement of her social functioning and her ability to better manage her anxiety". Despite this information, there is limited documentation demonstrating objective functional improvement from over 5 months of therapy and the need for further treatment. Although the Official Disability Guidelines (ODG) recommends relaxation techniques, there is not enough information within the medical records offered for review to substantiate another 6 weeks of further relaxation training services. The request for relaxation training one session per week for six week are not medically necessary and appropriate.

