

Case Number:	CM14-0129623		
Date Assigned:	08/20/2014	Date of Injury:	05/30/2011
Decision Date:	11/17/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/14/2014

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:

The claimant is a 47 year-old female [REDACTED] with a date of injury of 5/30/11. The claimant sustained injury to her neck and right shoulder as a result of opening boxes with a box cutter. The claimant sustained this injury while working as a quality inspector for for [REDACTED]. In his PR-2 report dated 8/7/14, [REDACTED] diagnosed the claimant with: (1) Cervicalgia; (2) Right shoulder AC joint arthrosis with impingement; (3) Right shoulder rotator cuff tendinopathy; and (4) Right shoulder pain. Additionally, in their report dated 8/13/14, [REDACTED] and [REDACTED] diagnosed the claimant with: (1) Complex regional pain syndrome, type I; (2) Adhesive capsulitis of shoulder; (3) Disorder of bursa of shoulder region; (4) Chronic pain syndrome; and (5) Long-term drug therapy. It is also reported that the claimant has developed psychaitric symptoms secondary to her work-related orthopedic injury. In her PR-2 report dated 6/23/14, [REDACTED] diagnosed the claimant with: (1) Chronic pain syndrome associated with both psychological factors and a general medical condition; (2) Major depressive disorder; and (3) Generalized anxiety disorder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavioral Therapy x 8 sessions.: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter Cognitive therapy for depression Recommended. 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 psych

Decision rationale: The CA MTUS guideline regarding the use of behavioral interventions in the treatment of chronic pain as well as the Official Disability Guideline for the cognitive treatment of depression will be used as references for this case. Based on the review of the medical records, the claimant completed 4 psychotherapy sessions with [REDACTED]. The request under review is for additional sessions following the initial 4 sessions. It appears that not only is the claimant struggling with a chronic pain syndrome, but is also experiencing symptoms of depression and anxiety. Although the claimant did not demonstrate clear "objective functional improvements" from the completed four sessions, she remains symptomatic and in need of additional services. Although the CA MTUS recommends a total of up to 10 sessions for the treatment of chronic pain, the ODG recommends a total of up to 20 sessions in the treatment of depression. Given this guideline, the request for an additional 8 sessions is appropriate. As a result, the request for additional "Cognitive Behavioral Therapy x 8 sessions" is medically necessary.