

<b>Case Number:</b>	CM14-0158990		
<b>Date Assigned:</b>	10/02/2014	<b>Date of Injury:</b>	10/19/2009
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	09/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 clinical 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:

According to the records, this is a 47 years old female patient who reported a cumulative, injury on October 19, 2009 due to repetitive strain while performing her usual work duties in the back office of medical hospital as a cashier/receptionist. There was also a work-related lifting accident that occurred while she was holding onto a bed adjustment lever causing her to wrench her shoulder. She has been diagnosed with Repetitive Stress Injury Upper Extremities, Bilateral Carpal Tunnel Syndrome, Right Shoulder Pain with Rotator Cuff Tear, Myofascial Pain, Right Cervical Facet Syndrome. She is status post right shoulder arthroscopic surgery July 2012 and prior treatments have included TENS unit, chiropractic, massage, physical therapy, conventional medical treatments, radiofrequency cervical and steroid injections. This IMR will focus on psychology/psychiatry symptoms as they relate to the requested treatment. She reports continued neck and right upper extremity pain and headache. She has been working full-time with restrictions. She has been prescribed and is currently taking Cymbalta and Lorazepam. She had a comprehensive psychological evaluation on September 9, 2014. She reports a worsening mood over the past six months with symptoms of irritability, frustration, anger, panic like symptoms, and crying spells. There is irritability with coworkers and hypersensitivity to her co-workers comments. There is sleep disorder characterized by daytime sleepiness and very poor quality of sleep at night due to pain. As a result she has reportedly fallen asleep at inappropriate times such as when driving. She reports brief psychiatric/psychological intervention privately paid for on a non-industrial basis. There does not appear to be any prior psychological treatment for the current injury but given that the injury occurred over five years ago, and there was no definitive statement to this effect, it is unclear. She has been diagnosed with the following psychological disorders: Depressive Disorder, NOS; Sleep Disorder, NOS; Pain disorder associated with both psychological factors and an orthopedic condition. A request was made for pain education

cognitive behavioral treatment quantity 10, the request was not approved; however, utilization review offered a partial certification for four sessions

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Pain education cognitive behavioral treatment Qty. 10: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Cognitive Behavioral Therapy (CBT)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines behavioral interventions, cognitive behavioral therapy Page(s): 23-24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Topic: Cognitive Behavioral Therapy, Psychotherapy Guidelines, June 2014 Update

**Decision rationale:** According to CA-MTUS guidelines for cognitive behavioral therapy, it is a recommended treatment approach. Initial therapy for at risk patients should be physical medicine for exercise using a cognitive motivational approach to physical medicine. Considered separate psychotherapy cognitive behavioral therapy referral after four weeks if a lack of progress from physical medicine alone: initial trial of 3 to 4 psychotherapy visits of the two weeks and with evidence of objective functional improvement total of up to 6 to 10 visits. With respect to this patient, it does appear that she is exhibiting significant psychological symptomology as a consequence of her industrial injury. However, it is unclear whether or not she has had prior psychological or psychiatric treatment for this injury, but because there was no indication of it this appears to be a request for a new course of treatment. Therefore the recommended guidelines state that an initial treatment "trial" should be conducted consisting of 3 to 4 sessions and that additional treatment 6-10 visits (but the ODG allows for 13-20) is contingent upon evidence of objective functional improvement than this request does not take into account the recommended initial treatment trial and the request is for the maximum number of sessions that can be offered under MTUS guidelines. Therefore, the request for an initial treatment of 10 sessions is not medically necessary.