

<b>Case Number:</b>	CM14-0169392		
<b>Date Assigned:</b>	10/17/2014	<b>Date of Injury:</b>	04/24/2007
<b>Decision Date:</b>	12/03/2014	<b>UR Denial Date:</b>	09/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2014

### 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 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 54 year-old female (DOB 10/22/60) with a date of injury of 4/24/07. The claimant sustained injury to her right shoulder while working for [REDACTED]. In the primary treating physician's progress report (PR-2) report dated 9/22/14, claimant was diagnosed with: (1) Right shoulder impingement syndrome; (2) Myofascial pain; (3) Right shoulder adhesive capsulitis; and (4) Status post right shoulder surgery. It is also reported that the claimant developed psychiatric symptoms secondary to her work-related orthopedic injuries. In RFA dated 9/8/14, treating psychologist diagnosed the claimant with: (1) Pain disorder; (2) Anxiety disorder, NOS; and (3) Depressive disorder, NOS. The claimant has been receiving psychotropic medication management services and psychotherapy. The request under review is for additional psychotherapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Individual psychotherapy five times a week for two weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25. Decision based on Non-MTUS Citation Official Disability Guidelines, Cognitive Behavioral Therapy (CBT) Guidelines for chronic pain

**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

**Decision rationale:** The CA MTUS does not address the treatment of depression; therefore, the Official Disability Guideline regarding the cognitive treatment of depression will be used as reference for this case. Based on the review of the medical records, the claimant continues to experience chronic pain since her injury in April 2007. She also continues to experience psychiatric symptoms of depression and anxiety secondary to her pain, which was documented PR-2 report dated 9/8/14. In RFA dated 9/10/14, "5 sessions every 2 weeks" and "5 sessions retrospective" were requested. Based on this information, the request under review is confusing as it indicates a request for a total of 10 sessions (5 times/week for two weeks). Despite this confusion, the claimant has been treating with the provider since at least July 2013. The number of completed sessions to date is unknown. The ODG indicates a total of up to 20 sessions for the treatment of depression. Given that the claimant has likely completed over 20 sessions to date with inconsistent progress/improvement, the request for "Individual psychotherapy five times a week for two weeks" is not medically necessary.