

Case Number:	CM14-0170316		
Date Assigned:	10/20/2014	Date of Injury:	06/14/2007
Decision Date:	11/20/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/15/2014

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 50 year-old female (██████████) with a date of injury of 6/14/07. The claimant sustained injury to her right shoulder, arm and hand while working for ██████████. In the PR-2 report dated 8/27/14, ██████████ diagnosed the claimant with: (1) Headache; (2) Cervical radiculopathy; and (3) Status post right shoulder surgery. In his "Follow-Up Report of Primary Treating Physician" dated 6/17/14, ██████████ diagnosed the claimant with: (1) Cervical radiculopathy; (2) Rotator cuff sprains and strains; (3) Acromioclavicular sprains and strain; and (4) Shoulder region disorders, NOS. Additionally, In a "Secondary Treating Physician's Supplemental Report" from March 2014, ██████████ diagnosed the claimant with: (1) Gastritis/GERD secondary to NSAID Administration (ibuprofen and Naprosyn) (industrial); (2) Irritable bowel syndrome, manifested by constipation (industrial); (3) History of opiate administration (hydrocodone) (industrial); (4) Cephalgia (industrial); (5) Status post right shoulder surgery time two (industrial); (6) Internal derangement, left shoulder (industrial); (7) Chronic sinusitis, secondary to inhalation of metal dust (industrial); (8) Depression (industrial); (9) Sleep disorder (industrial); (10) Tendinitis, right forearm (industrial); and (11) Ethmoid polyp secondary to inhalation of metal dust (industrial). It is also reported that the claimant developed psychiatric symptom secondary to her orthopedic and internal injuries. In a PR-2 report dated 9/2/14, treating psychologist, ██████████ diagnosed the claimant with: (1) Insomnia due to mental disorder; (2) Major depressive disorder, single episode, mild, chronic; and (3) Pain disorder associated with both psychological factors and a general medical condition. The claimant has been participating in psychotherapy services for 1.5 years.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavioral Therapy x4: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation APA PRACTICE GUIDELINE FOR THE Treatment of Patients With Major Depressive Disorder Third Edition (2010)

Decision rationale: The CA MTUS does not address the treatment of depression therefore; the Official Disability Guideline for the cognitive treatment of depression as well as the APA Practice Guideline in the Treatment of Patients with Major Depressive Disorder will be used as reference for this case. Based on the review of the medical records, the claimant has been participating in psychotherapy with ██████████ for over 1.5 years and has been deemed permanent and stationary. The number of completed sessions to date is unknown as it was not indicated within the records. It is reported however, that the claimant has made improvements and gains in functioning as result of the services. In his "Supplemental Medical-Legal Report and Review of Medical Records" dated 5/19/14, ██████████ wrote, "...the patient has made appropriate gains through this modality. In order to maintain stability over the course of time with this chronic physical condition she should be afforded the opportunity for psychological and psychiatric services. I would estimate that she would require future treatment by way of approximately 20 psychotherapy sessions to be utilized intermittently as needed and especially during periods of orthopedic convalescence." Despite this report, there is insufficient information to substantiate the need for an additional 4 sessions given the amount of psychotherapy already completed. There does not appear to be any changes in the treatment plan to address the recommended continued services other than the sessions would be intermittent. Because there was no information about the number of sessions completed it is unclear whether the sessions were already being conducted intermittently as they would likely be in maintenance phase treatment. As a result of insufficient information to substantiate the request, the request for "Cognitive Behavioral Therapy x4" is not medically necessary.