

<b>Case Number:</b>	CM14-0170725		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	12/12/2011
<b>Decision Date:</b>	11/21/2014	<b>UR Denial Date:</b>	09/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 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 52 year-old female with a date of injury of 12/12/11. The claimant sustained injury to her bilateral shoulders, bilateral extremities, back, and neck as the result of a motor vehicle accident while working for ██████████ 721. In ██████████ 7/31/14 PR-2 report, the claimant was diagnosed with: (1) Cervical spine narrowing of the disc spaces at C5-6 and C6-7, compatible with degenerative changes. At C5-6 and C6-7 levels, there are 2.5 to 3.0 mm broad based posterior disc bulges causing indentation of the anterior thecal sac, per MRI 3-12-12; (2) Cervical spine sprain/strain; (3) Left shoulder adhesive capsulitis; (4) Left shoulder, arthroscopic rotator cuff repair, biceps tenodesis, debridement of glenohumeral joint, subacromial decompression with bursectomy and partial acromioplasty, 12/02/13; (5) Left shoulder, postoperative changes, severe tendinosis of the supraspinatus tendon, mild to moderate narrowing of the subacromial space secondary to mild hypertrophic degenerative changes of distal clavicle with inferior osteophytic spurring, probable capsular hypertrophy, tendinosis of tendon of long head of biceps muscle, mild tenosynovitis, mild bone edema and reactive changes within humeral head at the level of the hardware placed during surgery, per MRI 2/12/14; (6) Right shoulder joint pain from overcompensation; (7) Left elbow status post ulnar nerve decompression and ulnar nerve subcutaneous anterior transposition, 2/11/13; (8) Bilateral wrist sprain/strain; (9) Bilateral wrist/hand, carpal tunnel syndrome, per EMG/NVC 11/1/13; (10) Right trigger thumb; (11) Thoracic spine sprain/strain with radiculopathy; and (12) Gastritis, non-industrial. In his 9/23/14 PR-2 report, ██████████ diagnosed the claimant with: (1) Cervical disc syndrome per MRI; (2) Cervical radiculitis left shoulder status post arthroscopic rotator cuff repair with resulting adhesive capsulitis; (3) Left elbow status post ulnar nerve decompression and ulnar nerve subcutaneous anterior transposition on February 11, 2013; (4) Bilateral carpal tunnel syndrome per EMG November 1, 2013; (5) Gastritis nonindustrial; (6)

Opioid-induced constipation; and (7) History of migraines. In the "Consulting Physician's Progress Report" dated 8/28/14, [REDACTED] diagnosed the claimant with: (1) Cervical left arm radiculopathy; (2) Cervical stenosis; and (3) Degenerative cervical disk disease at C4-5, C5-6 and C6-7 with loss of cervical lordosis. It is also reported that the claimant has developed psychiatric symptoms secondary to her work-related orthopedic injuries and chronic pain. In his "Doctor's First Report of Occupational Injury or Illness" dated 9/17/14, [REDACTED] diagnosed the claimant with: (1) Major depressive disorder, single episode, mild; (2) Generalized anxiety disorder; (3) Female hypoactive sexual desire disorder due to chronic pain; (4) Insomnia related to generalized anxiety disorder and chronic pain; and (5) Stress-related physiological response affecting gastrointestinal disturbances and headaches.

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

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

**Cognitive Behavioral Group Psychotherapy 1x Week for 12 Weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Occupational Medicine Practice Guidelines: Psychotherapeutic Treat.

**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 has continued to experience chronic pain since her injury in December 2011. She has also been experiencing psychiatric symptoms of depression and anxiety. It appears that the claimant was initially evaluated by [REDACTED] in September 2014. In his "Doctor's First Report of Occupational Injury or Illness", [REDACTED] recommended an initial 12 CBT sessions in addition to other psychological services. The request under review is for the initial treatment sessions recommended by [REDACTED]. The ODG recommends an "initial trial of 6 visits over 6 weeks." Given this information, the request for 12 sessions exceeds the recommended trial of 6 sessions. As a result, the request for "Cognitive Behavioral Group Psychotherapy 1x week for 12 weeks" is not medically necessary.