

<b>Case Number:</b>	CM14-0026253		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	07/22/2009
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	02/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2014

### 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 51-year-old female with a date of injury of 7/22/09. The claimant sustained injury to her right wrist and hand while working for [REDACTED]. The mechanism of injury was not found within the records offered for review. In an Internal Medicine Follow-up dated 3/11/14, [REDACTED] diagnosed the claimant with: Mutilating right wrist/hand injury, July 2009; Anger/depression/anxiety secondary to #1; Gastritis/esophagitis secondary to medication used for #1; and Shortness of breath probably secondary to weight gain combined with inactivity. It is also reported that the claimant has developed psychiatric symptoms secondary to her work-related orthopedic injuries. Although there were diagnoses provided any in of [REDACTED] reports, diagnoses were found on the undated IMR application. According to the application, the claimant is diagnosed with: Major depressive disorder, single episode, mild; generalized anxiety disorder; Female sexual desire disorder due to chronic pain; and sleep disorder, insomnia type.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 COGNITIVE BEHAVIORAL GROUP THERAPY, 1 SESSION PER WEEK FOR 12 WEEKS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Mental Illness and Stress Chapter Cognitive Therapy For Depression.

**Decision rationale:** The California MTUS does not address the treatment of depression therefore; the Official Disability Guideline regarding cognitive therapy for depression will be used as reference for this case. Based on the review of the minimal records submitted, the claimant has been receiving psychological services from [REDACTED] however; the exact number of completed sessions is unknown. Although it is noted in some of the recent "Requested Progress Report/Request for Treatment" reports that the claimant reports improved mood, the objective findings remain that the claimant is sad, emotional, anxious, etc. Additionally, there is no diagnostic information found within the reports and the treatment goals and treatment plan interventions roughly remain the same. Without more information about the number of completed sessions, the need for further services cannot be fully determined. As a result, the request for 12 cognitive behavioral group therapy sessions are not medically necessary.