

Case Number:	CM14-0028197		
Date Assigned:	06/13/2014	Date of Injury:	10/27/2011
Decision Date:	07/16/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/05/2014

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 Family Medicine 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 injured worker is a 62 year old female who reported an injury to her neck, back, right shoulder, and bilateral wrists secondary to repetitive continuous movements. The clinical note dated 08/07/13 indicates the patient also showing symptoms consistent with depression and anxiety secondary to the ongoing physical limitations and chronic pain. The injured worker described ongoing feelings of helplessness and hopelessness as well as social isolation, crying episodes, and decreased sexual desire and appetite. In July of 2009, the injured worker stated that she began experiencing neck and low back pain as well as intermittent pain in the legs. A clinical note indicates the injured worker having undergone chiropractic treatment and did experience some relief until December of 2009 when her symptoms worsened. The injured worker reported an episode in October of 2011 when her workload increased and the injured worker began experiencing frequent headaches, nervousness, fatigue as well as disrupted sleep and nightmares. There was also an indication that the injured worker experienced a typical chest pain. The injured worker was diagnosed with anxiety disorder at that time as well. The injured worker was subsequently placed on a temporary total disability in August of 2012. The injured worker began treatment in October of 2012 and was prescribed medications to Prozac. The injured worker also underwent an epidural steroid injection in the cervical and lumbar spine. The injured worker described a loss of appetite. The injured worker also described financial difficulties secondary to her inability to work. The injured worker had undergone 2 psychotherapy sessions in 2012. Upon exam, the injured worker scored a 19 on the Beck Anxiety Inventory and a 41 on the Beck Depression Inventory-2 exam indicating moderate anxiety and severe depression. The clinical note dated 10/07/13 indicates the injured worker had complaints of sadness and anxiety as well as apprehension and poor concentration. The psychological progress note dated 04/21/14 indicates the injured worker continuing with feelings of irritability and anxiety. The injured

worker was being recommended for 1 session of cognitive behavioral therapy for 6 weeks as well as relaxation training for 1 session for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 COGNITIVE BEHAVIORAL GROUP PSYCHOTHERAPY SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23.

Decision rationale: The documentation indicates the injured worker showing development of anxiety and depression. Previous testing has determined that the injured worker has moderate levels of anxiety as well as severe levels of depression. Therefore, the injured worker would likely benefit from cognitive behavioral therapy to address these symptoms. However, a trial of up to 4 sessions is recommended prior to the approval of additional sessions as long as the injured worker demonstrates an objective functional improvement. Therefore, while the requested trial sessions exceeds guideline recommendations a trial of up to 4 cognitive behavioral therapy sessions would be reasonable for the patient to address the ongoing severe levels of depression. Therefore, the request cannot be deemed as medically necessary.