

<b>Case Number:</b>	CM14-0031897		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	04/07/2010
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	02/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2014

### 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 66-year-old male with a date of injury of 4/7/10. The claimant sustained injury to his head, right shoulder, neck, upper extremity, and back when he struck his head while cleaning bleachers while working as a custodian for the [REDACTED]. The claimant has received conservative treatments such as physical therapy, medications, use of a transcutaneous electrical nerve stimulation (TENS) unit, and subacromial decompression as well as rotator cuff repair surgery. It is also reported that the claimant has developed psychiatric symptoms secondary to this work-related injuries. In his 2/3/14 "Psychological Evaluation & Request for Treatment Authorization," the provider diagnosed the claimant with: (1) Depressive disorder with anxious features, high moderate severity and (2) Psychological factors affecting an orthopedic condition.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TEN (10) SESSIONS OF [REDACTED] PAIN EDUCATION AND COPING SKILL GROUP, PER 2/6/14 FORM, QTY: 10.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guideline (ODG): Cognitive Behavioral Therapy (CBT) Guidelines for Chronic Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions, Education Page(s): 23, 44-45. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress Chapter, Cognitive therapy for depression.

**Decision rationale:** The CA MTUS guidelines recommend initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine. Consider separate psychotherapy cognitive behavioral therapy (CBT) referral after 4 weeks if lack of progress from physical medicine alone. The MTUS allow an initial trial of 3-4 psychotherapy visits over two week with evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions). The Official Disability Guidelines (ODG) recommends initial trial of 6 visits over 6 weeks with evidence of objective functional improvement, total of up to 13-20 visits over 13-20 weeks (individual sessions). Based on a review of the medical records, the claimant has been experiencing an increase in psychiatric symptoms of depression and anxiety over the past six months. Prior to his initial psychological evaluation with the provider in February 2014, the claimant had not received any psychological or psychiatric treatment on an industrial basis. The provider presents appropriate evidence to warrant a request for group services however, the request for 10 group sessions exceeds the initial number of sessions set forth by the guidelines. As a result, the request is not medically necessary.