

Case Number:	CM14-0034878		
Date Assigned:	06/23/2014	Date of Injury:	07/06/2012
Decision Date:	07/29/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/20/2014

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 47 year-old female with a date of injury of 7/6/12. The claimant sustained injuries to her shoulders due to repetitive lifting while working for [REDACTED]. It is also reported that the claimant has developed psychiatric symptoms secondary to her work-related orthopedic injuries. In the "Visit Note" dated 3/11/14, Physician Assistant, [REDACTED], under the supervision of [REDACTED], diagnosed the claimant with pain in joint shoulder; unspecified major depression, recurrent episode; generalized anxiety disorder; depression; and unspecified major depression, single episode.

IMR ISSUES, DECISIONS AND RATIONALES

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

EXT Cognitive Behavioral Therapy 1 x 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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 California 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 completed 12 of 12 authorized cognitive behavioral therapy sessions with [REDACTED]. In the "Progress Note" dated 1/28/14, it appears that the claimant continues to experience symptoms of depression despite having completed 12 sessions. Additionally, there are no objective functional improvements noted within the progress note. In his correspondence dated 1/20/14, [REDACTED] reported that the claimant has demonstrated a decrease in her "anxiety, depression, irritability, and frustration." Additionally, he reports "increased motivation to change, improved self-care and coping ability, and an increased understanding of the relationship between her emotional responses and her experience of pain." The ODG indicates that for the cognitive treatment of depression, there is to be an "initial trial of 6 visits over 6 weeks" and "with evidence of objective functional improvement, total of up to 13-20 visits over 13-20 weeks (individual sessions)" may be necessary. Although the claimant remains symptomatic and she has demonstrated some progress according to [REDACTED], the request for an additional 12 sessions exceeds the total number of sessions recommended by the California MTUS. As a result, the request for 12 EXT cognitive behavioral therapy sessions is not medically necessary.