

Case Number:	CM14-0099524		
Date Assigned:	07/28/2014	Date of Injury:	06/04/1998
Decision Date:	08/29/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	06/27/2014

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 57 year-old female [REDACTED] with a date of injury of 6/4/98. The claimant sustained injuries to her neck, back, right shoulder, and bilateral arms, elbows, wrists, and hands due to repetitive stress while working as an Accounting Assistant III. In his SOAP Note dated 7/7/14, [REDACTED] diagnosed the claimant with: (1) Chronic pain syndrome; and (2) Opioid type dependence, continuous. Additionally, in the Comprehensive Interdisciplinary Evaluation Report dated 5/19/14, [REDACTED] diagnosed the claimant with: (1) Right cubital tunnel syndrome, status post (s/p) decompression; (2) Right carpal tunnel syndrome, s/p decompression; (3) Right shoulder rotator cuff tear, s/p repair; (4) Cervical radiculitis; (5) Lumbar radiculitis; (6) Chronic pain syndrome; and (7) Opioid dependence. She has been treated with epidural injections, steroid injections, physical therapy, medication, acupuncture, use of a transcutaneous electrical nerve stimulation (TENS) unit, and surgery. It is also reported that she has developed psychiatric symptoms secondary to her work-related orthopedic injuries. In his 5/30/14 Primary/Secondary Treating Physician's Progress Report, treating psychiatrist, [REDACTED], diagnosed the claimant with: (1) Major depressive disorder, single episode, moderate; (2) Pain disorder associated with both psychological factors and a general medical condition; (3) Insomnia related to chronic pain and anxiety; and (4) Prescription opioid dependence. Additionally, in the Confidential Psychological Evaluation Report dated 5/19/14, the claimant is diagnosed with: (1) Pain disorder associated with both psychological factors and chronic pain; and (2) Depressive disorder, moderate. The claimant has been treated for her psychiatric symptoms with group and individual therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue weekly group Psychotherapy CBT X 6: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 use of group therapy or the treatment of depression therefore, the ODG regarding the use of cognitive treatment of depression and the APA Practice Guideline for the Treatment of Patients with Major Depressive Disorder will be used as references for this case. Based on the review of the medical records, the claimant has continued to have chronic pain since her injury in 1998. She has also been experiencing psychiatric symptoms of depression, which have increase as of late. She participated in group psychotherapy in the past with some demonstrating of progress. Given that the claimant is not a good candidate for a functional restoration program at this time, group psychotherapy appears to be a reasonable accommodation in order to possibly prepare her for future FRP participation. As a result, the request for Continue weekly group Psychotherapy CBT X 6 is medically necessary.