MAXIMUS Federal Services

Case Number:	CM15-0089285		
Date Assigned:	05/13/2015	Date of Injury:	12/08/2009
Decision Date:	07/01/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/08/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Psychologist

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 sustained an industrial injury on 12/8/09. She reports physical injury with immediate pain to the right shoulder and back and psychological injury working as a teacher's assistant. The diagnoses have included unspecified depressive disorder, personality disorder, post traumatic thoracic outlet syndrome and injury to the right shoulder. Treatment to date has included medications, activity modifications, diagnostics, surgery, physical therapy, pain management, orthopedic surgeon, and psychiatric care. Currently, as per the physician initial psychological evaluation note dated 4/30/15, the injured worker complains of pain throughout her body but mostly in the right shoulder and upper back. She reports little strength in the right arm. She most recently underwent surgery on her right shoulder and previously she had three surgeries which included a cervical fusion. She reports increased pain at night. She reports feeling depressed on a variable basis. She states that she feels sad and down 2-3 days a week with depression lasting a few hours to most of the day. She is frequently tearful and with the use of Ambien she is able to fall asleep. She reports a good appetite and no changes in weight. She reports that her energy level is low and she feels tired and sluggish throughout the day and takes two forty minute naps during the day. She reports that her concentration is variable and she loses focus and gets distracted and she is more irritable than in the past. She does not feel like attending social gatherings as much as in the past. She reports worsening of depression and anxiety due to her diagnosis. The current medications included Hydrocodone, Zolpidem, Ambien, Lansoprazole and Lisinopril. The injured worker is interested in receiving psychotherapy as she has been depressed for several years and is ambivalent about

taking anti-depressants and taking too many medications. The physician requested treatment included Cognitive behavioral therapy for 12 sessions to focus on her feelings of loss, sadness, frustration and anger secondary to her physical injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral therapy, 12 sessions: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain; Psychological evaluations Page(s): 23; 100-101.

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 Cognitive therapy for depression.

Decision rationale: Based on the review of the medical records, the injured worker is experiencing psychiatric symptoms of depression secondary to her work-related orthopedic injury and chronic pain. In the initial psychological evaluation dated 4/30/5, [redacted] presents relevant and appropriate information to substantiate the request for follow-up psychological treatment. The ODG recommends "up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made." Given both [redacted] findings as well as the guideline recommendations, the request for an initial 12 psychotherapy sessions appears reasonable and medically necessary. It is noted that the injured worker received a modified authorization for an initial 4 sessions in response to this request.