

Case Number:	CM14-0125824		
Date Assigned:	08/13/2014	Date of Injury:	12/31/2009
Decision Date:	10/21/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	08/08/2014

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 a licensed Psychologist 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 53 year-old female [REDACTED] with a date of injury of 12/31/09. The claimant sustained injury to her left shoulder and neck when she picked up a heavy object while working for the [REDACTED]. In a report dated 6/26/14, [REDACTED] offered the following diagnostic impressions: (1) C3-C4 moderate-to-severe bilateral foraminal narrowing, C4-C5 moderate central and bilateral stenosis, C5-C6 moderate central and severe left and moderate right foraminal narrowing, C6-C7 moderate central and moderate right foraminal narrowing, and left upper extremity radiculopathy; (2) Bilateral carpal tunnel syndrome; (3) Left trigger thumb; (4) Left-sided cervical facet syndrome; (5) Bilateral upper extremity RSI; (6) Reactive depression, anxiety, chronic pain, and coping deficits. (7) Status post left shoulder arthroscopic surgery with residuals including supraspinatus tear, biceps tenosynovitis, SLAP lesion, adhesive capsulitis, and AC joint inflammation. It is also reported that the claimant has developed psychiatric symptoms secondary to her work-related orthopedic injuries. In a "Cognitive-Behavioral Therapy Special Report" dated 4/1/14, [REDACTED] diagnosed the claimant with: (1) Coping deficits affecting chronic pain disorder; and (2) Unspecified depressive disorder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavioral Therapy with Psychologist x 8 sessions: Overturned

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

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 Recommended. Cognitive behavior therapy for depression is recommended based on meta-analyses that compare its use with pharmaceuticals. Cognitive behavior therapy fared as well as antidepressant medication with severely depressed outpatients in four major comparisons. Effects may be longer lasting (80% relapse rate with antidepressants versus 25% with psych

Decision rationale: The CA 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. ODG recommends cognitive behavior therapy for depression. ODG guidelines recommend and "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)". Based on the review of the medical records, the claimant continues to experience pain since her injury in 2009. She is also experiencing symptoms of depression. In his 2/6/14 "Cognitive-Behavioral Therapy Report", [REDACTED] indicated that the claimant had completed 12 sessions of CBT concurrent with 12 sessions of relaxation techniques using biofeedback. The report offered relevant information regarding the claimant's progress and improvements and provided an appropriate argument for additional sessions. It does not appear that the claimant received any further treatment following this report. Given the information offered by [REDACTED] to substantiate a request for additional treatment, the request for "Cognitive Behavioral Therapy with Psychologist x 8 sessions" is medically necessary.