

<b>Case Number:</b>	CM14-0131804		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	07/16/2009
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	07/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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 licensed 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 [REDACTED] with a date of injury of 7/16/09. The claimant sustained injuries to her neck, back, shoulders, arms, elbows, wrists, and hands due to cumulative trauma and repetitive strain while working as [REDACTED]. In his visit note dated 7/11/14, [REDACTED] diagnosed the claimant with: (1) Shoulder pain (bilateral); (2) Wrist pain (bilateral); (3) Cervical pain; (4) Disc disorder cervical; (5) Carpal tunnel syndrome; and (6) Radial styloid tenosynovitis (right). The claimant has been treated for her orthopedic injury with physical therapy, trigger point injections, biofeedback, acupuncture, chiropractic, use of a TENS unit, and medications. It is also reported that the claimant has developed psychiatric symptoms secondary to her work-related orthopedic injuries. In their "psychological Evaluation and Request for Treatment Authorization" dated July 8, 2014, [REDACTED] and [REDACTED] diagnosed the claimant with: (1) Depressive disorder with anxious features, moderate-severe; (2) Pain disorder associated with the psychological factors; and (3) Alcohol abuse, early full remission.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ten (10) sessions of group pain education cognitive behavioral treatment:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines Cognitive Behavioral Therapy

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

**Decision rationale:** The CA MTUS guideline regarding the use of behavioral interventions as well as the Official Disability Guideline regarding the cognitive treatment of depression will be used as references for this case. Based on the review of the medical records, the claimant continues to experience chronic pain since her cumulative trauma injuries in 2009. She has also developed psychiatric symptoms of depression and anxiety secondary to her chronic pain. In their "Psychological Evaluation" report dated 7/8/14, [REDACTED] and [REDACTED] present relevant and appropriate information to substantiate the need for group psychotherapy. However, the request for an initial 10 sessions exceeds the recommended guidelines. The CA MTUS recommends an "initial trial of 304 visits over 2 weeks" and the ODG recommends an "initial trial of 6 visits over 6 weeks". Given these guidelines, the request ten (10) sessions of group pain education cognitive behavioral treatment are not medically necessary and appropriate.