

<b>Case Number:</b>	CM13-0014579		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	10/20/2004
<b>Decision Date:</b>	03/10/2014	<b>UR Denial Date:</b>	07/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, 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 physician 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:

This patient is a 53-year-old with a date of injury 10/22/2004. Listed diagnoses are major depression, narcotic pain medication dependence, fibromyalgia. Psychology treater's report, 07/10/2013, states that the patient has diagnosis of major depression, chronic with anxiety, narcotic pain medication dependence, and fibromyalgia. He is requesting 4 additional sessions of twice a month psychotherapy sessions to increase coping mechanism stress management, pain management techniques, and increased frustration tolerance, and to increase activities and more positive and healthful lifestyle. The patient's current state was that the patient still has widespread pain, pain management techniques have been useful in her increased activities of daily living, but still remains socially isolated, and when she increases her activity, she becomes very depressed and defeated.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Four additional psychotherapy:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Section Psychological Treatment Section Page(s): 23; 101-102.

**Decision rationale:** This patient presents with chronic widespread pain, depression, and anxiety. The patient has been under psychotherapy treatments for quite some time. Included in the file for review is a report from 08/22/2012 by [REDACTED], who indicates that the patient has ongoing complaints of pain, weakness in the upper extremities, continues to show improvement from a psychological standpoint with increased ability to maintain cognitive behavioral interventions learned in psychotherapy with affect that is lifted, less depressed, and request was for monthly outpatient psychotherapy. The more recent report from 07/10/2013 has the pain with widespread pain, very depressed and defeated with increased activities, "she has worked hard to learn and practice cognitive and behavioral interventions provided in treatments", but she remains socially isolated and additional psychotherapy sessions are requested. The Chronic Pain Medical Treatment Guidelines does discuss psychological treatments is recommended for appropriately identified patients during treatment for chronic pain. The Chronic Pain Medical Treatment Guidelines recommends trying 3 to 4 sessions over a couple of weeks and with objective improvement, total of up to 6 to 10 visits over 5 to 6 individual sessions for cognitive behavioral therapy. Review of the medical records on this case shows that the patient has received monthly regular psychotherapy visits at least since 08/22/2012. The current request for 4 additional sessions exceeds what is allowed by the Chronic Pain Medical Treatment Guidelines for cognitive behavioral therapy in the context of chronic pain. Review of the reports which show no significant improvement in terms of the patient's psychosocial status despite a year's worth of treatments on a monthly basis. The request for four additional psychotherapy sessions is not medically necessary or appropriate.