

<b>Case Number:</b>	CM13-0029457		
<b>Date Assigned:</b>	11/01/2013	<b>Date of Injury:</b>	08/10/1992
<b>Decision Date:</b>	01/23/2014	<b>UR Denial Date:</b>	09/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2013

### 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 Psychiatry, 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.

### 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 patient is a 58 year old injured worker who suffered multiple orthopedic injuries and mental Injury on June 10, 1992, from a slip and fall. Psychiatric Agreed Medical Examination by [REDACTED] on October 12, 1996, Indicated the injured worker suffered from Major depressive disorder with psychotic features. According to [REDACTED] from their report on November 14, 2011, "Thought content is focused on the worsening of his emotional state since psychotherapy was discontinued". The current review is to evaluate the medical necessity of 12 psychotherapy sessions, once per week.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve psychotherapy sessions, once per week:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines, page 23 states the following about Behavioral interventions, "Recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. See also Multi-disciplinary pain

programs". The Official Disability Guidelines (ODG) Cognitive Behavioral Therapy (CBT) guidelines for chronic pain, states, "Screen for patients with risk factors for delayed recovery, including fear avoidance beliefs". Additionally the ODG states "Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone; Initial trial of 3-4 psychotherapy visits over 2 weeks; With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions)". In this case there is no evidence of a diagnosis of Post Traumatic Stress Disorder. This patient has done well in the past with psychotherapy and [REDACTED] reported that the patient reflected on their own psychiatric decompensation after psychotherapy stopped. The request for twelve psychotherapy sessions is not medically necessary and appropriate.