

<b>Case Number:</b>	CM13-0033481		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	07/24/2004
<b>Decision Date:</b>	03/06/2014	<b>UR Denial Date:</b>	09/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2013

### 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 Texas. 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.

### 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 57-year-old male who reported an injury on 7/24/04. The patient is currently diagnosed with pain disorder associated with other psychological factors. The patient was seen by [REDACTED] on 9/6/13. The patient reported irritability, excessive sleepiness, headaches, anxiety, insecurity, stress, and fear avoidance behaviors. Objective findings included emotional instability, depression, anxiety, and anger. Treatment recommendations included cognitive behavioral therapy once per week for eight weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for eight psychotherapy sessions:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** The California MTUS Guidelines allow for an initial trial of 3-4 psychotherapy visits over two weeks. With evidence of objective functional improvement, a total of up to 6-10 visits over 5-6 weeks may be appropriate. As per the documentation submitted, the patient has previously participated in psychotherapy. However, documentation of the previous course of psychotherapy with treatment efficacy was not provided. Although the patient does report persistent psychiatric symptoms, the current request for eight psychotherapy sessions

exceeds guideline recommendations. Based on the clinical information received and the California MTUS Guidelines, the request for eight psychotherapy sessions is non-certified.