

<b>Case Number:</b>	CM13-0033793		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	01/22/2007
<b>Decision Date:</b>	02/11/2014	<b>UR Denial Date:</b>	09/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/11/2013

### 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 Board Certified 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. 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 patient is a 47 year old male who reported a work related injury on 01/22/2007, the specific mechanism of injury not stated. The patient is status post a C4-6 fusion as of 02/2008, spinal cord stimulator implantation as of 06/2009, left shoulder sprain/strain, right shoulder sprain/strain, and right elbow pain complaints. The clinical note dated 08/01/2013 reports the patient was seen under the care of Psychologist, [REDACTED]. The provider documents treating the patient for the following diagnoses, adjustment disorder with mixed anxiety and depressed mood, insomnia sleep disorder due to pain and anxiety, and male hypoactive sexual desire disorder due to pain. The provider documents the patient presents with complaints of stomach pain, diarrhea, constipation, back pain, joint pain, respiratory problems, headaches, weight gain, anxiety, depression, suicidal ideations, sleep disturbance, anger, irritability, poor concentration, forgetfulness, and phobias. The provider documented based on the provider's current assessment of symptoms and evaluation of the patient, weekly cognitive behavioral psychotherapy, medication, biofeedback therapy, telephone consults, as well as psychiatric and social services would be necessary to treat the patient's conditions and symptoms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**20 psychiatric sessions 1 x per week x 20 weeks:** 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 current request is not supported. Clinical documentation submitted for review reports the patient presents with chronic pain complaints status post a work related injury sustained over 7 years ago. The clinical notes document the patient has been utilizing individual psychotherapy interventions. However, documentation of specific objective findings, and improvement in functional outcomes were not evidenced in the clinical notes reviewed with previous psychotherapy interventions. California MTUS Guidelines indicates with evidence of objective functional improvement a total of up to 6 to 10 visits over 5 to 6 week is supported. Given all the above, the request for 20 psychiatric sessions 1 x per week x 20 weeks is neither medically necessary nor appropriate.