

<b>Case Number:</b>	CM13-0034238		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	08/11/2013
<b>Decision Date:</b>	03/26/2014	<b>UR Denial Date:</b>	10/03/2013
<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 a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Clinical Psychology, has a subspecialty in Health Psychology and 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:

According to the medical files received for this IMR, this patient is a 35 year old male with a date of injury of August 11, 2003. The injury occurred during the course of his work as a journeyman electrician when he fell and a screwdriver penetrated his left hand. He reports sharp and burning left hand pain, sleep disturbance, anxiety and depression. This patient has been undergoing psychological treatment for Major Depressive Disorder, single episode, severe and pain disorder related to psychological and medical conditions. There is an alternative diagnosis of Adjustment Disorder with mixed anxiety and depressed mood and no diagnosis on axis II Obsessive-Compulsive and Somatization features. He has had conventional medical treatment, surgery, and therapeutic use of paraffin hand wax. There is mention of a separation from his wife causing increased concern of self-harm from the treating therapist. He is taking multiple psychiatric and pain medications and has received at least 24 sessions of psychotherapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **12 INDIVIDUAL PSYCHOTHERAPY SESSIONS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental/Stress chapter: psychotherapy.

**Decision rationale:** A request for 12 sessions of individual psychotherapy was non-certified, but a modification of 6 psychotherapy sessions was offered to help the patient "tapering in the frequency of visits with the intent of the patient to gain psychological independence is appropriate." It is not clear how many sessions of psychotherapy the patient has had to date but one indication suggest there are at least 54 unique progress notes from July 3, 2007 to 1/23/13 which each one covering approximately one month of time. Because these notes were referred to but not included they might reflect between 1-4 sessions each as they probably cover an entire month of therapy, in general the patient has been seen weekly in 2013 as some of these notes from [REDACTED] were provided. There is an addition reference to having 24 sessions since January 2013. Because the date of injury was in 2003 there might be more sessions before July 3, 2007 but that also is unclear. The Official Disability Guidelines for Psychotherapy suggest an initial block of six sessions with additional sessions dependent on functional objective improvements being documented. He appears to have far surpassed even the highest number of sessions mentioned in the guidelines to be used for cases of severe depression and PTSD (which there is no indication of). The non -certification for 12 additional sessions is upheld.