

<b>Case Number:</b>	CM13-0034478		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	06/28/2000
<b>Decision Date:</b>	02/04/2014	<b>UR Denial Date:</b>	09/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2013

### 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 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 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 claimant is a 62 year-old female ( [REDACTED] ) with a date of injury of 6/28/00. The mechanism of injury was not described in the reports, but it occurred while the claimant was working for the [REDACTED], [REDACTED]. According to the "Pain Medicine Re-Evaluation Authorization Request" from [REDACTED] and [REDACTED] dated 5/31/13, the claimant is medically diagnosed with the following: (1) lumbar radiculopathy; (2) cervical radiculopathy; (3) status post lumbar laminectomy; (4) status post cervical fusion; (5) headaches; (6) status post TEF repair; and (7) cervical dystonia. According to [REDACTED] most recent PR-2 dated 8/1/13, the claimant is diagnosed with: (1) Major Depressive Disorder, single episode; (2) Insomnia due to medical condition classified elsewhere; and (3) Psychic features associated with diseases classified elsewhere. It is the claimant's psychiatric diagnoses that are most relevant for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Weekly psychotherapy treatment:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment. Decision based on Non-MTUS Citation Official Disability Guidelines

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

**Decision rationale:** Based on the review of the medical records, it appears that the claimant has received extensive services since her injury in 2000. These services have included surgery, pain medications, physical therapy, and behavioral/psychological interventions. Most recently, she has been receiving psychotherapy services by [REDACTED] and [REDACTED]; however, the number of completed sessions is unknown. Additionally, there are several PR-2 reports offered for review, but there is no current information regarding objective functional improvement of the completed sessions. There are notes under "objective" on the PR-2's indicating "psychology testing, but there are no results provided. According to the Official Disability Guidelines regarding the behavioral treatment of depression, it is recommended that there is an "initial trial of 6 visits over 6 weeks" and "with evidence of objective functional improvement, total of 13-20 visits over 13-20 weeks (individual sessions)" may be needed. Based on the lack of information regarding the number of sessions already completed and the objective functional improvements achieved, the need for additional sessions cannot be determined. Additionally, the request for "weekly psychotherapy treatment" remains too vague and does not include a specific number of sessions requested or duration. As a result, the request for "weekly psychotherapy treatment" is not medically necessary.