

<b>Case Number:</b>	CM13-0039629		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	09/27/2010
<b>Decision Date:</b>	04/04/2014	<b>UR Denial Date:</b>	10/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2013

### 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 Psychology, has a subspecialty in 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 files provided for this independent medical review, this patient is a 63-year-old female who reported a work related injury on September 27 2010 when a medicine cabinet fell off the wall and onto her face knocking her against the wall and having it hit her left knee before it crashed to the floor. Symptoms of lingering depression low energy and motivation has been noted. She has been diagnosed with Major depressive disorder and Pain Disorder with psychological factors and general medical condition. There are notes about a prior unrelated and resolved work injury. Some of her medical diagnoses include cervical sprain and strain with facet syndrome and chronic pain, status post left and right shoulder surgery and bilateral carpal tunnel syndrome repair. She continues to report pain in her neck shoulder low back and knees with burning and tingling sensations in her hands. She reports being sad and anxious with low energy and depressed mood. She has been treated with several psychiatric medications with some benefit. A request for ongoing psychotherapy twice per month with an unspecified duration was non-certified, and a modification suggested and certified for continued psychotherapy frequency twice per month for duration of 3 months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PSYCHOTHERAPY TWICE PER MONTH:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment 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 and Stress Chapter: Topic Psychotherapy.

**Decision rationale:** The exact total number of sessions of individual psychotherapy this patient has received up to this point is unclear; however there was a note stating that she has already had over 49 sessions to date. Although progress notes do appear to report reflect improvement in her psychological condition as a result of the therapy she's already received, the request for unlimited psychotherapy cannot be approved based on the medical records provided. A modification the request which limits the duration to another 2 months was made. She is already exceeded the maximum number of sessions suggested by the treatment guidelines, and there is no documented evidence of any extraordinary extenuating circumstances that would warrant further psychotherapy. The request to overturn the denial continue to treatment for an unspecified duration is not supported by the documents by the documentation provided or the guidelines for treatment which are limited to a total of 20 for Psychotherapy with documented objective functional improvement after an initial set of sessions. Therefore the request is not medically necessary.