

<b>Case Number:</b>	CM13-0045017		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	08/01/2006
<b>Decision Date:</b>	04/25/2014	<b>UR Denial Date:</b>	10/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2013

### 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 Family Practice 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 48-year-old female who reported an injury on 08/01/2006 after she was using a hedge trimmer weighing approximately 20 pounds that caused a sudden onset of neck pain. The patient ultimately underwent fusion surgery at the C5-6 and C6-7 levels. The patient's most recent clinical evaluation documented that the patient had increase in assertiveness and more feelings of wellness upon waking up. The patient's treatment plan included cognitive behavioral therapy, psychotropic medications, and an orthopedic consult.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**INDIVIDUAL PSYCHOTHERAPY WEEKLY FOR TWO MONTHS:** Upheld

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

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

**Decision rationale:** The requested individual psychotherapy weekly for 2 months is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends up to 6 to 10 visits of cognitive behavioral therapy with objective functional improvement based on a trial of 3 to 4 visits. The clinical documentation submitted for review

does indicate that the patient has undergone psychotherapy; however, the efficacy and duration of treatment are not clearly identified within the documentation. Therefore, there is no way to determine if an additional 8 visits of individual psychotherapy would be appropriate for this patient. As such, the requested individual psychotherapy weekly for 2 months is not medically necessary or appropriate.