

<b>Case Number:</b>	CM13-0048677		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	07/16/1991
<b>Decision Date:</b>	02/24/2014	<b>UR Denial Date:</b>	10/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2013

### 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 expert reviewer is licensed in Psychology and is licensed to practice in licensed. 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 65 year-old female with a date of injury of July 16, 1991. According to reports, the claimant sustained injuries to her neck and right shoulder when she was tightening a strap on the operating room table while working as a registered nurse at [REDACTED]. It is also suggested that the claimant sustained injury to her psyche as a result of the work-related incident. In the most recent primary treating physician's progress report (PR-2) completed by [REDACTED], the claimant is diagnosed with the following: (1) Bipolar II disorder; (2) Pain disorder; (3) Somatoform disorder; (4) Dysthymic disorder; and (6) Undifferentiated substance abuse.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**psychotherapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23. Decision based on Non-MTUS Citation ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain.

**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:** The CA MTUS does not address the treatment of psychiatric conditions. As a result, the Official Disability Guidelines regarding the behavioral treatment of depression will be used as reference for this case. The request for "psychotherapy" is vague and does not indicate how many sessions are being requested over what duration. It appears from the review of the medical records that the claimant has been receiving psychiatric services from [REDACTED] for several years. It is noted in [REDACTED] PR-2 reports that she is providing medication management and psychotherapy; however, it is unclear as to what therapeutic modalities she is using in her psychotherapy and whether the claimant has gained any objective functional improvements from those sessions. Additionally, it is unclear from the records provided for review as to how many total sessions have been completed to date. Without this information, the need for further psychotherapy services cannot be determined. As a result, the request for psychotherapy" is not medically necessary.