

<b>Case Number:</b>	CM13-0052553		
<b>Date Assigned:</b>	04/09/2014	<b>Date of Injury:</b>	01/02/2003
<b>Decision Date:</b>	05/09/2014	<b>UR Denial Date:</b>	11/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2013

### 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 Psychologist 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 injured worker is a 60-year-old female who reported an injury on 01/02/2003, secondary to a fall. Current diagnoses include major depressive disorder, anxiety disorder, and psychological factors affecting medical condition. The injured worker was evaluated on 07/31/2013. The injured worker reported anxiety, depression, and severe pain. Objective findings included depression, loss of self esteem, and discouragement. Treatment recommendations included weekly cognitive behavioral psychotherapy, medication, feedback therapy, telephone consultations, and psychiatric and social services.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PSYCHOTHERAPY TREATMENT TO PREVENT RELAPSE AND RECURRENT EPISODES (1 SESSION PER WEEK FOR 20 WEEKS): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 112.

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

**Decision rationale:** The Expert Reviewer's decision rationale: California MTUS Guidelines state cognitive behavioral therapy is recommended. California MTUS Guidelines utilize ODG Cognitive Behavioral Therapy Guidelines for chronic pain, which allow for an initial trial of 3 to

4 psychotherapy visits over 2 weeks. With evidence of objective functional improvement, a total of up to 6 to 10 visits over 5 to 6 weeks may be appropriate. The current request for 20 sessions of psychotherapy treatment exceeds guideline recommendations. Therefore, the request is not medically appropriate. As such, the request is non-certified.