

<b>Case Number:</b>	CM13-0058476		
<b>Date Assigned:</b>	03/31/2014	<b>Date of Injury:</b>	05/12/2007
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	10/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/27/2013

### 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 injured worker is a 33-year-old female who reported an injury on 05/12/2007. The injured worker is diagnosed with depressive disorder with anxiety features, pain disorder associated with both psychological factors and a general medical condition, histrionic personality traits and status post specific trauma physical injury. The injured worker was seen by [REDACTED] on 10/25/2013. The injured worker reportedly injured her lower back while bending over to retrieve an item from a refrigerator. The injured worker demonstrated a severe lack of positive emotional engagement with marked levels of unhappiness and demoralization. The injured worker also demonstrated severe sadness, anhedonia, fatigue and decreased self-esteem. A review of medical records was completed at that time. The injured worker's Global Assessment of Functioning score was a 58 at that time. Treatment recommendations included the continuation of individual psychotherapy on a weekly to biweekly basis for the next 6 months followed by biweekly to monthly individual psychotherapy treatments for an additional 6 months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **4 ONE HOUR PSYCHOTHERAPY SESSIONS, ONCE A WEEK FOR ONE MONTH:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG Cognitive Behavioral Therapy (CBT) Guidelines (Chronic Pain)

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

**Decision rationale:** The California MTUS Guidelines utilize the 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 individual psychotherapy sessions once per week for 1 month greatly exceeds the guideline recommendations. Therefore, the request cannot be determined as medically appropriate. As such, the request for four (4) one hour psychotherapy sessions, once a week for one month is not medically necessary and appropriate.