

<b>Case Number:</b>	CM13-0066607		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	05/01/2013
<b>Decision Date:</b>	03/26/2014	<b>UR Denial Date:</b>	12/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2013

### 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, 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:

The claimant is a 60 year-old female (██████████) with a date of injury of 5/1/13. The claimant sustained an injury to her right shoulder, elbow, wrist, hand, back, and right hip and knee when she slipped and fell and landed on her right side. She sustained these injuries while working as a procurement assistant ██████████ ██████████. She has been treated with physical therapy, acupuncture, chiropractic, and exercise program, and medications. In addition, she is experiencing psychiatric symptoms secondary to her work-related physical injuries. In his "Doctor's First Report of Occupational Injury or Illness" dated 11/11/13, ██████████ diagnosed the claimant with: (1) Dysthymic disorder; (2) Pain disorder associated with general medical condition; (3) Psychological factors affecting medical condition; and (4) Insomnia type sleep disorder due to pain. In his "Initial Treatment Report and Plan of Treating Physician (Psychiatry)" also dated 11/11/13, ██████████ added a diagnosis of Hypoactive sexual desire disorder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for individual psychotherapy, 8 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19-23.

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

**Decision rationale:** Based on the review of the medical records, the claimant is experiencing difficulties as a result of her chronic pain. [REDACTED] recommended an initial 8 sessions of psychotherapy. However, the CA MTUS recommends an "initial trial of 3-4 psychotherapy visits over 2 weeks" and "with evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions)" may be provided. Based on this guideline, the request for "individual psychotherapy, 8 sessions" exceeds the number of initial sessions set forth by the CA MTUS and is therefore, not medically necessary.