

<b>Case Number:</b>	CM13-0067584		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	09/13/2011
<b>Decision Date:</b>	06/05/2014	<b>UR Denial Date:</b>	12/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2013

### 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 Clinical Psychology, has a subspecialty in Health Psychology and Pain Management 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 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:

According to the files provided for this independent medical review, this is a 59 year old female patient who reported an industrial/occupational work related injury on September 13th 2011. At that time she was engaged in her normal work duties as a seamstress for [REDACTED], when she was involved in an accident while lifting and stretching a large piece of heavy parachute material for sewing, she tripped over the material and fell forward with her right knee hitting a chair and the right side of her forehead hitting hard against the edge of a sewing table. She continued to work as long as possible eventually developed increasing levels of pain in her right shoulder, arm, hand as well as low back radiating to her right leg and foot. She has difficulty maintaining her balance and walking. Psychologically, she has been diagnosed with Major Depressive Disorder, Single episode, Mild; Generalized Anxiety Disorder, Insomnia related to generalized anxiety disorder and chronic pain; Stress-related physiologic response affecting headaches, and female hypoactive sexual desire disorder due to chronic pain. She reports as a result of her accident having difficulties with sleep, chronic feelings of sadness and anxiety with difficulties with many levels of functioning physically. Is she reports irritability and marital difficulties and being excessively worried about her future ability to work. A request for 12 sessions of cognitive behavioral psychotherapy sessions held weekly was non-certified. This independent medical review will concern itself with a request to overturn this denial of treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**COGNITIVE-BEHAVIORAL PSYCHOTHERAPY WEEKLY X12 WEEKS: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines BEHAVIORAL INTERVENTIONS, COGNITIVE BEHAVIOAL THERAPY Page(s): 23.

**Decision rationale:** I reviewed all medical reports on this patient in careful detail for this review. There's a very recent progress note where the treating doctor reports that her psychological state reflects some improvement in her emotional condition as a result of treatment received but that there are ongoing problems of exhaustion and fatigue, sad emotional state, stress and anxiety, as well as preoccupation with her physical condition. Medical necessity for psychological treatment does this appear established based on several notes regarding the patients symptomology. Treatment goals were to decrease depressive symptoms of anxiety symptoms and signs and prove sleep with cognitive behavioral therapy in a group setting. However, the total number of sessions already provided to date that this patient has received so far was not included in the recent communications with regards to her condition; this makes it difficult to estimate how many sessions and how long she's been in psychological treatment. In addition, this request for 12 sessions is large and exceeds the total number of sessions recommended under the MTUS guidelines for cognitive behavioral therapy which would be a maximum of 10 sessions or if using the Official disability guidelines for psychotherapy would be 20 sessions if functional improvements are documented. It does appear that the utilization review did allow for four sessions of the 12 requested to be provided. It appears that the patient has already had a considerable amount of therapy, again the total number already provided is needed to make a determination of her eligibility for more and the request for 12 sessions most likely would surely exceed the maximum suggested by the MTUS (10) but the ODG guideline cannot be assessed due to insufficient information. Thus the request to overturn the non-certification of 12 sessions is not approved and the original decision upheld. This is not to say she does, or does not need more treatment, only that the request exceeds the maximum guideline suggestion.