

<b>Case Number:</b>	CM14-0002901		
<b>Date Assigned:</b>	01/31/2014	<b>Date of Injury:</b>	09/24/2012
<b>Decision Date:</b>	06/19/2014	<b>UR Denial Date:</b>	12/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2014

### 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 Psychology 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 35 year old female with a reported date of injury on 09/24/2012. The injury reportedly occurred when the worker was struck by a vehicle, while performing her duties as a security guard. The injured worker complained of pain in her right knee at a scale of 9/10, right ankle pain is 7/10, and lower back pain on the scale of 10/10. The injured worker's medication regimen included Motrin. The injured worker's diagnoses included compensatory lumbosacral strain, compensatory left knee strain, right knee strain osteochondral defect, and right ankle osteochondral defect. According to the clinical note dated 12/5/2013, the injured worker scored a 61 on the Global Assessment of Functioning scale, the Beck Depression inventory was 29, and the Beck anxiety inventory was 28. The injured workers MCMI-II scores were elevated in regards to schizoid behavior, avoidant behavior, and dependent and compulsive personality scales. In addition she had elevated anxiety disorder and dysthymic disorder scales. According to the documentation provided for review, the injured worker complained of gaining 30 pounds, and reported she did not drive and was afraid of parking lots. She also stated that she laid in bed and watched TV or worked on completing online college. The request for authorization for psychotherapy 10-12 sessions for anxiety/depression was submitted on 01/06/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PSYCHOTHERAPY 10-12 SESSIONS FOR ANXIETY/DEPRESSION:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The California MTUS guidelines note the identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. The California MTUS guidelines recommend separate psychotherapy referrals after 4 weeks if lack of progress from physical medicine. The initial trial of psychotherapy is a trial of 3-4 visits over 2 weeks. A total of up to 6-10 visits is recommended if there is objective evidence of functional improvement after initial trial of psychotherapy visits. The clinical notes provided for review lack documentation regarding the injured workers functional deficits and goal of psychotherapy. Furthermore, the request for 10-12 sessions exceeds the guideline recommendations for the duration of an initial trial and the total number of sessions. Therefore, the request for Psychotherapy 10-12 Sessions for Anxiety/Depression is not medically necessary.