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| <b>Case Number:</b>   | CM14-0005984 |                              |            |
| <b>Date Assigned:</b> | 03/03/2014   | <b>Date of Injury:</b>       | 04/24/2008 |
| <b>Decision Date:</b> | 06/30/2014   | <b>UR Denial Date:</b>       | 01/06/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/15/2014 |

### 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 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 records provided for this independent medical review, this patient is a 49 year old male who reported an industrial/occupational work related injury on April 24 2008. The injury occurred while he was performing his normal and customary duties as a painter and wallpaper installer for [REDACTED]. The injury appears to have occurred as a result of him kneeling on a screw with his right knee, the pain was felt in both legs and his back, causing him to jerk suddenly a twist his knee; it was determined later that injury affected his sciatic nerve which has resulted in back pain. He is s/p knee surgery and physical therapy without significant improvement and some deterioration. He is no longer working. The patient began abusing alcohol to medicate his pain but has subsequently discontinued drinking. He takes several pain medications including opiates. The patient feels his depression has been increasing because the pain has been increasing. He has difficulties with sleeping and there been several ER visits. According to the progress notes the patient has not been able to work or produce an income since the accident. He has a psychological diagnosis of Major Depressive Disorder, single episode, severe without psychotic features, Industrial. The patient has been participating in psychotherapy sessions to help with symptoms of depression and anxiety. A request for 12 additional sessions of individual psychotherapy was non-certified the request to overturn this decision will be the focus of this independent medical review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 ADDITIONAL SESSIONS OF INDIVIDUAL PSYCHOTHERAPY:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation his/her decision on the Non-MTUS Citation: Official Disability Guidelines (ODG).

**Decision rationale:** The patient was authorized for a set of 11 cognitive behavioral therapy sessions which he has completed. Progress notes stated he was excellent in his attendance and motivation for therapy and said he was trying very hard to move on in this life. Significant symptoms of depression and anxiety remain, for example he has feelings and thoughts of being defeated and anger outbursts as a result of frustrations related to getting his medications authorized on time. He is also demonstrating some degree of functional improvement based on his therapy. Based on the medical records provided for review it is clear that the patient has significant psychological symptomology to warrant continued therapy and has shown sufficient evidence of functional improvements to also allow for continued therapy. The Official Disability Guidelines state that total of 13-20 visits of psychotherapy can be offered with evidence of functional improvement. The current request, however, exceeds the recommended number of visits by the ODG. The request for 12 additional sessions of individual psychotherapy is not medically necessary and appropriate.