

<b>Case Number:</b>	CM14-0006178		
<b>Date Assigned:</b>	04/09/2014	<b>Date of Injury:</b>	01/07/2005
<b>Decision Date:</b>	05/09/2014	<b>UR Denial Date:</b>	12/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2014

### 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 58-year-old female who reported an injury on 01/07/2005. The mechanism of injury was not provided. Current diagnoses include major depressive disorder, psychological factors affecting medical condition, insomnia and female hypoactive sexual desire disorder. The injured worker was evaluated on 09/30/2013. The injured worker reported a depressed mood, anxiety, insomnia, severe pain, and lethargy. Objective findings were not provided. Treatment recommendations included weekly cognitive behavioral psychotherapy. A request for authorization was then submitted for weekly psychotherapy sessions once per week for 20 weeks

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PSYCHOTHERAPY X 20: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mental Illness and Stress

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

**Decision rationale:** The MTUS Chronic Pain Guidelines state behavioral therapy is recommended. The MTUS Chronic Pain Guidelines utilize ODG Cognitive Behavioral Therapy

Guidelines for chronic pain, which allow for an initial trial of 3 to 4 psychotherapy visits over 2 weeks. The current request for 20 sessions of individual psychotherapy greatly exceeds the MTUS Chronic Pain Guidelines' recommendations. Therefore, the request is not medically necessary and appropriate