

<b>Case Number:</b>	CM14-0008206		
<b>Date Assigned:</b>	01/29/2014	<b>Date of Injury:</b>	04/02/2008
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	12/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2013

### 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 Occupational Medicine, 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:

The patient is 60-year-old who has submitted a claim for major depressive disorder, pain disorder and sleep disorder associated from an industrial injury date of April 2, 2008. Medical records from 2012 were reviewed, the latest of which dated December 9, 2013 revealed that the patient complains of depression and increased pain. She is having more difficulty getting things done that require the use of her arms due to her shoulder pain. She has had worsening of her depression. On physical examination, patient is cooperative. However, she has sad/depressed mood with flat/blunted affect. Patient's condition was established but worsening. Treatment to date has included psychotherapy, and medications that include citalopram, prazosin, lorazepam and zolpidem. Utilization review from December 3, 2013 denied the request for psychotherapy, 45 minutes with patient and/or family member when performed with an evaluation and management service (list separately in addition to the code for primary procedure) because there is no specific evidence of objective functional improvement, and future goals are not documented.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve individual psychotherapy sessions:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**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), Mental Illness & Stress, Cognitive therapy.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, behavioral modifications are recommended for appropriately identified patients during treatment for chronic pain to address psychological and cognitive function and address co-morbid mood disorder. The guidelines go on to recommend an initial trial of three to four psychotherapy visits over 2 weeks and with evidence of functional improvement, a total of six to ten visits over five to six weeks. In addition, the ODG Psychotherapy Guidelines recommends up to thirteen to twenty visits over seven to twenty weeks of individual sessions, if progress is being made. In this case, the patient has been receiving psychotherapy since 2011; however, the total number of visits and outcome are unknown due to lack of documentation. The most recent clinical evaluation revealed that the patient still has complaints of pain and depression. However, additional psychotherapy will exceed guideline recommendation. Moreover, there is no documented objective functional improvement over a five to six week period from the previous psychotherapy. Therefore, the request for twelve individual psychotherapy sessions is not medically necessary.