MAXIMUS Federal Services

| Case Number: | CM14-0100495 | | |
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| Date Assigned: | 07/30/2014 | Date of Injury: | 08/21/2009 |
| Decision Date: | 09/09/2014 | UR Denial Date: | 06/20/2014 |
| Priority: | Standard | Application Received: | 06/30/2014 |

## 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 Child & Adolescent Psychiatry 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 injured worker is a 49 year old female who was injured at work on August 21, 2009. The injured worker suffered an unspecified injury to her low back. She subsequently developed extended pain without relief in her low back and right leg. Treatment to date has included acupuncture, physical therapy, spinal epidural injections, and analgesic medication. The injured worker also underwent a carpal tunnel release surgery. She experiences mental health symptoms, which include depressed mood, insomnia, irritability, agitation, anergia, social isolation, poor concentration and memory lapses, and feelings of hopelessness and helplessness. It is suspected that she is consuming increasing amounts of alcohol. She is diagnosed with Major Depression secondary to chronic pain. The injured worker is prescribed the psychotropic medications Lexapro, Neurontin and Sonata. She has not previously undergone any psychotherapy treatment.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**8 Psychotherapy sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment. Decision based on Non-MTUS Citation ODG: Mental Illness and Stress, Cognitive therapy for depression; ODG Psychotherapy Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 135-136. Decision based on Non-MTUS Citation Official

Disability Guidelines (ODG) Mental Illness and Stress, Psychotherapy for Major Depression (MDD).

**Decision rationale:** MTUS Guidelines indicate that psychological treatment is recommended for appropriately identified individuals during treatment for chronic pain. Cognitive behavioral therapy (CBT) and self-regulatory treatment are the most effective. ODG indicate that for Major Depression, an initial trial of 5 - 6 sessions of CBT over 6 weeks is recommended, followed by an additional 13 - 20 sessions if there has been objective functional improvement documented. The injured worker is diagnosed with Major Depression secondary to chronic pain. She has not previously undergone any psychotherapy. Based on the treating physician's progress report, the injured worker has ongoing depressive symptoms. It would be clinically appropriate for her to undergo a trial of 5 - 6 sessions, but the request for 8 sessions is premature at this point, the request are not medically necessary on this basis.