

<b>Case Number:</b>	CM14-0107838		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	07/09/2001
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	06/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/11/2014

### 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 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 56-year-old female who reported an injury on 07/09/2001 due to cumulative trauma. On 07/15/2014, the injured worker presented with complaints of ongoing pain and subsequent multiple surgeries. She had adverse reactions to medication and during surgery loss vision in the right eye. She had anger and perceived mistreatment. Upon examination, the injured worker had chronic pain syndrome without any assistance for 14 years. The diagnosis was adjustment disorder with mixed anxiety and depression with a depressed mood. Prior therapy included cognitive behavioral therapy and pain management techniques. The provider recommended cognitive behavioral therapy due to chronicity of the condition. The Request for Authorization was not included the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**10 sessions of cognitive/behavioral one-on-one psychotherapy on a weekly basis.:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ODG Cognitive Behavior Therapy guidelines for chronic pain, page(s) 23 Page(s): 23.

**Decision rationale:** The request for 10 sessions of cognitive behavioral 1 on 1 psychotherapy on a weekly basis is not medically necessary. The California MTUS Guidelines recommend a psychotherapy referral after a 4 week lack of progress from physical medicine alone. An additional trial of 3 to 4 psychotherapy visits over 2 weeks would be recommended, and with evidence of objective functional improvement, a total of up to 6 to 10 visits over 5 to 6 weeks would be recommended. The requesting physician did not include an adequate psychological assessment, including quantifiable data, in order to demonstrate improvement and treatment thus far. As such, the request is not medically necessary.