

<b>Case Number:</b>	CM14-0123045		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	12/13/2010
<b>Decision Date:</b>	11/10/2014	<b>UR Denial Date:</b>	07/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/04/2014

### 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 Licensed 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 12/15/2010. The mechanism of injury was a cumulative trauma injury. The injured worker was diagnosed with adjustment disorder with mixed anxiety and depression, psychological factors affecting medical condition and female hypoactive sexual desire disorder due to pain. Past treatments included previous psychotherapy sessions. The clinical note dated 08/26/2013 noted the injured worker complained of psychiatric distress. She had a Beck Depression Inventory score of 26, Beck Anxiety Inventory score of 12, Epworth sleepiness scale score of 13, and Wahler Physical symptoms Inventory score of 1.7. The treatment plan included the request for additional psychotherapy sessions 1 x 20 weeks. The rationale was to relieve the effects of the work related injuries. The request for authorization form was not included.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Individual psychotherapy sessions 1 x 20 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG, cognitive behavioral therapy (CBT)

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

**Decision rationale:** The request for additional psychotherapy sessions 1 x 20 weeks is not medically necessary. The California MTUS guidelines note providers should screen for injured workers with risk factors for delayed recovery, including fear avoidance beliefs. The guidelines noted the initial therapy for these "at risk" injured workers should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine. Consideration should be made for a separate psychotherapy cognitive referral after 4 weeks if there is a lack of progress from physical medicine alone. The guidelines recommend an initial trial of 3-4 psychotherapy visits over 2 weeks, and with evidence of objective functional improvement, total of up to 6-10 sessions over 5-6 weeks. Per the documentation the injured worker had a moderate level of depression and a mild level of anxiety. The injured worker does have psychological complaints; however, she has attended at least 21 prior sessions of therapy. There is a lack of documentation regarding objective improvement with prior therapy to support the request for additional therapy. In addition, the request for 20 additional sessions of therapy would exceed the guideline recommendations. Furthermore, there is a lack of recent documentation which addresses the injured worker's psychological condition. As such, the request is not medically necessary.