

<b>Case Number:</b>	CM14-0129173		
<b>Date Assigned:</b>	08/18/2014	<b>Date of Injury:</b>	11/19/2011
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	07/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2014

### 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 Clinical Psychology 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:

According to the records provided for this independent medical review, this patient is a 56-year-old male who reported an industrial/occupational work-related injury on November 19, 2011. The cause of the injury was not provided. A utilization review summary notes that the patient presented with chronic neck pain and low back pain with difficulty sleeping, anxiety, and depression. The current diagnoses include chronic neck pain, low back pain, depressive disorder, somatic symptom disorder with predominant pain, and schizoid traits. The treatment to date included psychotherapy unknown quantity. Details regarding the patient's psychological symptomology was not provided nor was a psychological diagnosis provided. A request for 12 sessions of individual psychotherapy was made and non-certified. This independent medical review will address a request overturn that decision.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Individual Psychotherapy x 12 sessions:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part Two, Behavioral Interventions, Cognitive Behavioral Therapy Page(s): 23-24.. Decision based on

Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter,  
Topic: Psychotherapy Guidelines, Cognitive Behavioral Therapy, June 2014 Update.

**Decision rationale:** No information regarding the patient's psychological status was provided. The medical necessity could not be established because of the insufficient information that was accompanying this request. It does appear that the patient has had prior psychotherapy sessions, but there were no results of this treatment provided. There were no progress notes from this treatment provided nor were there any summaries that discuss objective functional improvements provided. According to the MTUS/ODG guidelines patients may have 13 to 20 visits of psychotherapy if progress is being made as defined as objective functional improvement. It is unclear whether or not the patient has benefited from the prior sessions. This patient may in fact require and be eligible for additional treatment sessions, however there was no supporting documentation provided that would allow me to overturn the non-certification decision. If this request is in fact conforming with the MTUS and the ODG guidelines, it should be reconsidered for resubmission in a manner that would allow for the request to be assessed. I am unable to determine whether or not this patient needs additional sessions and whether or not those sessions would be within the guidelines. Therefore, the request to overturn the utilization review non-certification is not approved, as medical necessity could not be established due to insufficient information.