

<b>Case Number:</b>	CM14-0130264		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	01/13/2005
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	07/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/15/2014

### 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 Psychiatry & Neurology, has a subspecialty in Addiction 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 injured worker is a 53 year old female whose date of injury is 01/13/2005. She suffers from chronic pain syndrome. She has received conservative treatment with physical therapy, and has had subjective improvement in pain and objective improvement in range of motion. Due to the development of work related tension and stress she received psychotherapy with some benefit. Her diagnoses are major depressive disorder recurrent moderate, and pain disorder with psychological factors and a general medical condition. On 05/29/14 a PR2 by [REDACTED], PsyD her symptoms of depression, frustration, sadness, tearfulness, avoidant behaviors, and helplessness showed functional improvements of self-reported periods of stable mood at work and home with use of positive self-talk for mood management and walking daily. On 07/10/14 the patient had 6 sessions, her symptoms were depression and frustration, additional improvements included regular use of coping skills for mood management, pacing daily activities for pain management, and future planning.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Psychotherapy 1 X 6 Weeks:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23 of 127.

**Decision rationale:** The patient had received a course of 6 sessions of CBT, with objective functional improvement as documented above. MTUS/ODG recommendations are for an initial 3-4 visits over 2 weeks, followed by up to 10 visits thereafter which would make a total of 14 visits available should they become necessary. After a course of 6 sessions the patient's symptoms had decreased significantly and her objective functional improvement now included the use of coping skills to manage her pain, mood, and activities of daily living. An additional course of psychotherapy would be beneficial in solidifying the patient's newly developed coping skills and objective functional improvement, with the hope of lowering utilization of the system for pain management and increasing her sense of independence. This request is medically necessary.