

<b>Case Number:</b>	CM14-0137355		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	03/14/2007
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	08/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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 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 claimant is a 45 year-old female (██████) with a date of injury of 3/14/07. The claimant sustained injury to her back as she was driving a school bus when she reached back to hold a child who had gotten out of his seat from falling. The claimant sustained this injury while working for the ████████████████████. In his PR-2 report dated 8/21/14, ████████ diagnosed the claimant with: thoracic back pain; lumbar radiculopathy unresponsive to TFSI's, medications, physical therapy, massage; urinary retention; right piriformis muscle spasm with sciatica; righter greater trochanteric bursitis; right knee pain - occurred during her treatment at spine one; and SIL arthropathy. The claimant has been treated for her orthopedic injuries with massage, physical therapy, injections, medications, and a spinal cord stimulator implant. It is also reported that the claimant has developed psychiatric symptoms secondary to her work-related orthopedic injuries. In his "Psychological Treatment Report" dated 8/11/14; ██████████ diagnosed the claimant with somatic symptom disorder, predominantly pain, persistent, moderate; and major depressive disorder, single episode, moderate. The request under review is for initial psychotherapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain psychology 2 times per week for 6 weeks #12: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Cognitive Behavioral Therapy (CBT) guidelines for chronic pain and Psychotherapy Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Cognitive behavior therapy, Psychotherapy Guidelines

**Decision rationale:** The California MTUS guideline regarding the use of behavioral interventions in the treatment of chronic pain as well as the Official Disability Guideline regarding the cognitive treatment of depression will be used as references for this case. Based on the review of the medical records, the claimant has continued to experience chronic pain since her injury in March 2007. She has also developed symptoms of depression secondary to her chronic pain. The request under review is for initial psychotherapy sessions following the claimant's initial psychological evaluation with [REDACTED] and [REDACTED] in May 2014. The MTUS guideline indicates that for the treatment of chronic pain, an "initial trial of 3-4 psychotherapy visits over 2 weeks" is recommended. The Official Disability Guidelines recommends for the treatment of depression that there be an "initial trial of 6 visits over 6 weeks". Based on these cited guidelines, the request for an initial 12 sessions exceeds the initial recommended number of sessions set forth by both the California MTUS and the Official Disability Guidelines. As a result, the request for pain psychology 2 times per week for 6 weeks for a total of 12 sessions is not medically necessary.