

<b>Case Number:</b>	CM14-0169554		
<b>Date Assigned:</b>	10/17/2014	<b>Date of Injury:</b>	09/13/2007
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	10/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2014

### 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 Utah. 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:

This is a 58-year-old female with a 9/13/07 date of injury, when she suffered an aggravation of residual depressive disorder caused by emotional response to the dramatic increase of workload requirements. The progress notes indicated that the patient was attending psychotherapy treatments from 2007 and that she had a suicidal attempt in 2011. The periodic report dated 9/22/14 indicated that the patient complained of increased pain in hands bilaterally and locking in the fingers. The patient stated that she was in a lot of stress due to many medical appointments with workers comp. The patient's depression was rated 8-9/10 and the anxiety was rated 9/10 with compulsive behaviors, felling like a burden and suicidal ideations. Exam findings revealed depressed and fatigued affect. The patient was continuing to practice stress reduction and cognitive behavioral technics was set to manage self-injury behaviors. The diagnosis is pain disorder, major depressive disorder, anxiety disorder and panic attacks. Treatment to date: psychotherapy and medications. An adverse determination was received on 10/03/14 for lack of functional benefit from the previous treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychotherapy twice per month for 45 days:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Cognitive Behavioral Therapy (CBT) Guidelines For Chronic Pain

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 19-23.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that behavioral modifications are recommended for appropriately identified patients during treatment for chronic pain, to address psychological and cognitive function, and address co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). In addition, CA MTUS Chronic Pain Medical Treatment Guidelines state that with evidence of objective functional improvement, a total of up to 6-10 visits. The progress notes indicated that the patient was receiving psychotherapy treatments from 2007, however the actual number of accomplished sessions was not provided. The latest progress report stated that despite psychotherapy and medications the patient rated her depression 8-9/10 and the anxiety 9/10 with compulsive behaviors, felling like a burden and suicidal ideations. In addition, there is a lack of documentation indicating subjective and objective functional gains from the previous psychotherapy treatments. Therefore, the request for Psychotherapy twice per month for 45 days was not medically necessary.