

<b>Case Number:</b>	CM14-0020448		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	10/17/2009
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	02/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2014

### 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 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 patient is a 23-year-old female who has submitted a claim for major depression; adjustment disorder with mixed anxiety and depressed mood; right wrist sprain; and gastritis associated with an industrial injury date of October 17, 2009. Medical records from 2013-2014 were reviewed. The latest, dated January 3, 2014, revealed that the patient complains of depression, hopelessness, poor sleep, decreased appetite, low self-esteem and increased anxiety. The treatment to date has included open reduction internal fixation (ORIF) right wrist for scapholunate instability (October 2011), removal of hardware (November 2011), physical therapy, and medications which include omeprazole, naproxen, nizatidine, tramadol, and wellbutrin. The submitted notes do not include a description of the claimant's symptoms and treatment plan for remediation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PSYCH SESSIONS PROVIDED ON 1/7/14; 1/14/14; 1/21/14; AND 1/29/14/:** 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): 23.

**Decision rationale:** According to pages 19-23 of the California MTUS Chronic Pain Medical Treatment Guidelines, behavioral modifications are recommended for appropriately identified patients during treatment for chronic pain to address psychological and cognitive function, and address co-morbid mood disorder. The guidelines go on to recommend an initial trial of 3-4 psychotherapy visits over 2 weeks and with evidence of functional improvement, with a total of 6-10 visits over 5-6 weeks. In this case, the patient has been diagnosed with adjustment disorder with mixed anxiety and depressed mood since August 2012. In May 2013, she was subsequently diagnosed with major depressive disorder. The patient has undergone treatment with psychotherapy and medications. However, the number of visits and the duration of functional improvement are unknown due to lack of documentation. In the psychology consult done January 3, 2014, the patient complains of depression, hopelessness, poor sleep, decreased appetite, low self-esteem and increased anxiety. However, additional psychotherapy sessions will exceed guideline recommendations. Therefore, the Psych sessions provided on 1/7/14; 1/14/14; 1/21/14; and 1/29/14/ were not medically necessary.