

<b>Case Number:</b>	CM14-0020680		
<b>Date Assigned:</b>	04/30/2014	<b>Date of Injury:</b>	10/13/2008
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	02/05/2014
<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 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 36-year-old female patient with a date of injury of 10/13/08. The mechanism of injury was a slip and fall on a grease trap, landing on both of the knees and hands. On 9/25/12, the medical report states the patient complained of constant headaches, dizziness, memory problems, loss of balance, depression, anxiety and sensory sensitivity. On exam, the patient was obese and walked with a cane. The patient diagnoses were status post (SP) right knee surgery, history of seizure controlled with medication, obesity and major depressive disorder/single episode, severe, with transient psychotic features, insomnia, hypoactive sexual desire disorder and anxiety. Treatment to date is right knee arthroscopic surgery, pool therapy, and epidural injection to the spine. A UR decision dated 2/5/14 denied the request for psychotherapy treatment 1 times per week for 20 weeks for 45-50 minutes per session. The reason given for the request was not documented in the clinical records submitted with the request. The request was partially certified to approve and initial 10 sessions to enable the provider to assess the efficacy of this treatment modality.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PSYCHOTHERAPY TREATMENT (1) TIME A WEEK FOR (20) WEEKS, 45-50 MINUTES PER SESSIONS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Modification 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). Additionally, CA MTUS supports an initial trial of 4 psychotherapy visits. This patient is anxious and depressed based on the stated records and would be an appropriate candidate for psychotherapy. However, this request is for 20 sessions, which is excessive. Therefore, the request for psychotherapy treatment 1 time a week for 20 weeks, 45-50 minutes per session was not medically necessary.