

<b>Case Number:</b>	CM14-0022008		
<b>Date Assigned:</b>	05/09/2014	<b>Date of Injury:</b>	07/20/2005
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	01/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/21/2014

### 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 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 55 year-old female with a date of injury of 7/20/05. The claimant sustained injury while working for [REDACTED]. The mechanism was no found within the medical records offered for review. In his 10/6/13 progress note, [REDACTED] diagnosed the claimant with Cervicalgia. It is also reported that the claimant developed psychiatric symptoms secondary to her work-related orthopedic injury. In her most recent PR-2 report, [REDACTED] diagnosed the claimant with Pain disorder associated with both psychological factors and general medical condition and Major depressive disorder, recurrent, severe.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**10 SESSIONS OF COGNITIVE BEHAVIORAL PSYCHOTHERAPY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 400-1.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter.

**Decision rationale:** Based on the review of the medical records, the claimant has been participating in psychotherapy and has completed a total of 15 sessions. The documentation submitted adequately presents information about the number of completed sessions and the

objective functional improvements of those sessions. The ODG indicates that for the treatment of depression, there is to be an "initial 6 visits over 6 weeks" and "with evidence of objective functional improvement, total of up to 13-20 visits over 13-20 weeks (individual sessions)" may be necessary. Given that the claimant has already completed 15 sessions, the request for an additional 10 sessions exceeds the total number of sessions set forth by the ODG. As a result, the request is not medically necessary.

**1 FUNCTIONAL RESTORATION PROGRAM EVALUATION: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN PROGRAMS (FUNCTIONAL RESTORATION PROGRAMS).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management 8 C.C.R. 9792.20 - 9792.26 Page(s): 7, 30-32 of 127.

**Decision rationale:** Based on the medical records provided for review, the claimant has been receiving psychological services since February 2014 and has not completed all of the previously authorized sessions. The medical records provided for review have adequately demonstrated that the claimant has been making progress and improving as a result of the treatment. Therefore, there remains viable options for treatment at this time. Additionally, the claimant continues to see her pain management physician and there is not enough information within the records offered for review to support the need for a functional restoration program evaluation at this time. As a result, the request is not medically necessary.