

<b>Case Number:</b>	CM14-0022265		
<b>Date Assigned:</b>	05/09/2014	<b>Date of Injury:</b>	02/11/2008
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	02/07/2014
<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 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:

This patient is a 73 year old male with date of injury 2/11/2008. Date of UR decision was 2/7/2014. Mechanism of injury was a slip and fall at work which resulted in chronic pain. He underwent surgery, medication treatment, and physical therapy. Pain persisted despite the same and IW developed psychological consequences of Chronic Pain. Report from 12/05/2013 indicates that the IW is being prescribed cymbalta 60 mg for depression; ativan 0.5 mg bid for anxiety and restoril 30 mg qhs for insomnia. Subjective complaints are listed as severe depression, anxiety and difficulty sleeping. Report from 10/01/2013 indicates subjective complaints of depression, tearfulness, sleeps well, meds are working. Diagnosis of Major Depressive ds, single episode, severe; Psychological factors affecting medical condition; Insomnia type sleep ds due to pain and Male hypoactive sexual desire ds due to Pain are given to the IW .

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TWENTY (20) INDIVIDUAL PSYCHOTHERAPY WEEKLY SESSIONS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy (CBT); Mental Illness and Stress.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy (CBT).

**Decision rationale:** California MTUS states that behavioral interventions are recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain recommends screening for patients with risk factors for delayed recovery, including fear avoidance beliefs. Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone: -Initial trial of 3-4 psychotherapy visits over 2 weeks, With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions). MTUS recommends an initial trial of 3-4 psychotherapy visits over 2 weeks. Request for 20 Individual Psychotherapy Sessions is excessive and medical necessity cannot be affirmed at this time. Therefore, the request is not medically necessary.