

<b>Case Number:</b>	CM14-0024924		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	06/02/2009
<b>Decision Date:</b>	12/31/2014	<b>UR Denial Date:</b>	02/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2014

### 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:

Injured worker is a 56 year old female with date of injury 6/2/2009. Date of the UR decision was 2/25/2014. She reportedly sustained injuries to the neck, shoulder and back at work, contributing to depression. Per report dated 1/13/2014, the injured worker developed depression as a consequence of orthopedic pain. She presented with subjective complaints of sadness, fatigue, low energy, difficulty focusing and insomnia. Objective findings were tearfulness, slowing, fatigue, sluggish thought process, little animation or energy. She was diagnosed with Major Depressive Disorder. The treatment recommendations per that report were 16 Psychotherapy visits and a Psychiatric consult. The report dated 1/28/2014 documented that in the past she has received psychotherapy, the last time being 3 or 4 months ago, lasting for approximately 6 months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychotherapy x 16 Visits and Medication Management:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 1068. Decision based on Non-MTUS Citation ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 23; 100-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness, Office visits Stress related conditions

**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).Upon review of the submitted documentation, it is gathered that the injured worker has had psychotherapy in the past but there has been no mention of how many sessions have been completed or any evidence of "objective functional improvement". There is also no Psychiatric consultation available for review; thus medication management sessions are not appropriate at this time. The request for 16 psychotherapy sessions and medication management is not medically necessary.