

<b>Case Number:</b>	CM14-0025267		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	05/18/2004
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	02/12/2014
<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 a licensed Psychologist and is licensed to practice in Texas. 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 60-year-old female with a 5/18/04 date of injury. The patient injured her right upper extremity and later underwent arthroscopy. There was persistent right shoulder adhesive capsulitis with multiple trigger fingers. AME in 2013 documented an 8% whole person impairment rating and indefinite, uninterrupted, long-term availability of psychiatric medications was recommended. Psychotherapy was also recommended, to include twice monthly visits for 24 months. Progress note from 12/9/13 described inability to tolerate Viibryd, and the patient was placed on Effexor. She continues to use Abilify. There was noted emotional liability and continued attendance of therapy sessions. Although the patient wishes to reduce medications, this was very difficult due to emotional liability, cold weather, and chronic pain condition. 1/2/14 Progress note described complaints of depression, worries, and pain. The patient is participation in individual CBT every other week. Functional improvement included utilizing coping skills daily to refrain negative thoughts, using a schedule to increase ADLs, slight decrease in hopelessness, and an increase and motivation. During the exam, the patient had a flat affect and reported that mood has improved since the change in medications. Treatment plan discussed continuing reduction of emotional symptoms through cognitive techniques and increasing coping skills. 72 additional sessions of individual cognitive behavioral therapy was requested. 4/21/14 Progress note described continued pain medication, as well as psychiatric medications. There was noted good control of mood and reduction in tearfulness. UDS was discussed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**72 SESSIONS OF INDIVIDUAL COGNITIVE BEHAVIORAL THERAPY,  
BIMONTHLY FOR 42 MONTHS BETWEEN 2/5/2014 AND 8/5/2017: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 19-20. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness and stress chapter ODG Psychotherapy Guidelines:Up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made.(The provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate.)In cases of severe Major Depression or PTSD, up to 50 sessions if progress is being made.

**Decision rationale:** The patient has a 2004 date of injury and has already undergone psychotherapy. Although there was functional improvement noted, the number of requested psychotherapy sessions far exceeds guideline recommendations. ODG recommends up to 50 sessions for patients with a diagnosis of Major depressive syndrome or PTSD. Guidelines state that the provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate. Modification was previously recommended, which would provide an opportunity for reassessment and necessary modification to the treatment plan. As the request is presented, for 72 sessions of individual CBT does not meet guidelines criteria, the request is not substantiated.