

<b>Case Number:</b>	CM14-0028765		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	06/02/2007
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	02/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2014

### 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 Illinois and Wisconsin. 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 55 year old male who sustained a shoulder injury in June of 2007. The patient has been variously diagnosed with Adjustment Disorder along with Anxiety Disorder NOS and Depressive Disorder NOS. Psychotropic medications include Effexor 75 mg po q AM and 37.5 mg at bedtime along with trazodone. Coverage has been sought for 6-12 psychotherapy sessions on a weekly basis. This has been modified to 4 sessions by the previous reviewer. This is an independent review for medical necessity for the original request for coverage for 6-12 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Intervene hlth/behave Indiv. 1 x 6 - 12 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines, Cognitive Behavioral Therapy (CBT) Guidelines for Chronic Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part 2- Pain Interventions and Treatments Page(s): 23.

**Decision rationale:** The above cited guideline indicates that Cognitive Behavioral Therapy (CBT) is recommended with an initial trial of 3-4 sessions over two weeks, a total of 6-10 sessions with evidence of improvement. The original reviewer modified the request to 4

sessions which is congruent with the above guidelines. Additional sessions could be considered with evidence of improvement after the initial 4 sessions as indicated. As such the original request of 6-12 psychotherapy sessions is not supported as medically necessary according to the evidence based State of California Medical Treatment Utilization Schedule (MTUS).