

<b>Case Number:</b>	CM14-0036646		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	05/22/2003
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	03/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2014

### 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, has a subspecialty in Health Psychology/Pain Management 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:

Based on the records provided for this independent medical review, this patient is a 47 year old female who reported an industrial/occupational related-work related injury on 9/20/2006. The nature of the injury appears to be one of cumulative trauma. She has been diagnosed with Depressive Disorder NOS, Insomnia-type Sleep Disorder due to pain, Female hypoactive sexual desire disorder due to pain, Psychological factors affecting medical condition, Cervical spinal sprain and strain to the right upper extremity, Right shoulder sprain and strain, Complex regional pain to the right upper extremity and S/post left and right carpal tunnel release. In September of 2013 her diagnosis was changed to Major Depressive Disorder, single episode, moderate. There is a primary symptom of social withdrawal from people when she is faced with pain and depression. A request for 20 additional sessions of psychotherapy was made and non-certified. This independent medical review will address a request to overturn the decision to not authorize 20 additional sessions of psychotherapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychotherapy 1 session per week for 20 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment, ODG cognitive behavioral therapy (CBT) guidelines for chronic pain.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental/Stress Chapter topic Cognitive Behavioral therapy ODG psychotherapy guidelines page 8-9 June 2014 update.

**Decision rationale:** The rationale provided for the original utilization review determination of non-certification was that according to the MTUS guidelines a maximum of up to 10 sessions would be appropriate after an initial trial of therapy and that in this case there was no current documentation provided of her psychological status and that the total number of therapy sessions was missing as well. After a careful and comprehensive review of her entire medical record as provided to me I found several areas of disagreement with the UR decision of non-certification: the patient has had 10 sessions of therapy to date with adequate improvement to justify continued treatment, that continued psychological treatment does appear to be medically necessary, and that there is ample documentation of her need for treatment. Although this patient is in need for additional psychological treatment, the issue is the quantity of 20 sessions is not in accordance with either the MTUS or ODG guidelines. The ODG guidelines are more generous than the MTUS guidelines which were used for this review and can be found in the mental and stress chapter, these allow for a maximum of 13 to 20 sessions of psychotherapy IF improvement is being made. Also, in some cases if the patient has Severe Major Depressive Disorder or PTSD up to 50 might be offered if progress is being made. This patient's diagnosis appears to be Moderate rather than severe so that would not allow for 20 more sessions for her. The request for 20 additional sessions will bring her to 30 sessions this would exceed the recommended amount maximum by 10. Therefore based on ODG guidelines the request is not medically necessary.