

<b>Case Number:</b>	CM14-0037020		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	07/24/2002
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	02/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2014

### 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 licensed in Psychology 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:

According to the records are provided for this independent review, this patient is a 64-year-old female who reported an industrial/occupational related injury that occurred on July 30, 2002. The injury is described as a continuous trauma and occurred during the course of her usual and customary work duties for [REDACTED] as a cashier where she worked from August 1972 January 6, 2003. She has been diagnosed with cervical discopathy and sprain/strain; lumbosacral sprain/strain with multilevel discopathy and spondylolisthesis; bilateral knee arthrosis. The injury reportedly is to multiple body parts notes that she developed pain, numbness, and tingling in her neck and back in at the back pain radiates to her bilateral upper extremities, hands, and wrists. That she developed pain in her jaw which causes difficulty chewing. Psychologically, she has been diagnosed with Major Depressive Disorder, Moderate, Chronic; Insomnia; Psychological Factors Affecting Medical Condition. She has been prescribed: Lexipro 20mg for Depression, Klonopin 2mg for Anxiety; Restoral for insomnia. A request was made for 20 sessions of psychotherapy to be held one time per week was made, the request was not approved. This independent medical review will address a request to overturn that decision.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**20 sessions of psychotherapy (20 weeks x1 sessions): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines, (ODG) <http://www.odg-twc.com/odgtwc/stress.htm>, psychotherapy guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PART TWO, BEHAVIORAL INTERVENTIONS, COGNITIVE BEHAVIORAL THERAPY Page(s): 23 TO 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Topic: Cognitive Behavioral Therapy Psychotherapy Recommendations, June 2014 Update.

**Decision rationale:** According to the Official Disability Guidelines/MTUS with respect to psychological treatment, after an initial treatment trial consisting of up to six sessions, patients who are making progress in treatment can be offered a maximum of 13-20 sessions. Assuming that the patient has not had any prior treatment, this request would be for the maximum number of sessions that is recommended for most patients. The request negates the need for ongoing demonstration of medical necessity and the request is an appropriate with respect to quantity of sessions. In addition, if the patient has had prior treatment that she may have already had the maximum amount recommended in which case extraordinary circumstances would have to be documented to allow for an extension. The medical records consisted of approximately hundred and 20 pages, however the vast majority of them consisted of correspondence between insurance companies. There was no documentation regarding the patient's psychological treatment in the past, there were not any progress notes from her treatments or any specific information with regarding her psychological diagnoses other than the diagnoses themselves. There was no indication of her current psychological state and whether the diagnoses that were provided still apply, there's no information about her response to prior treatments in terms of functional improvements which is necessity to determine the medical necessity of additional sessions. In sum, the information provided was insufficient to demonstrate the medical necessity of this request. Because of insufficient documentation the treatment being requested has not been shown to be medically necessary.