

<b>Case Number:</b>	CM14-0039123		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	04/23/1993
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	03/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2014

### 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:

The patient is a 50 year old female who was injured in 1993. She has had issues with chronic pain which have been refractory to treatment. She has had a host of psychological issues secondary to her struggles with the pain. Apparently she re-presented last fall after a hiatus in treatment. Her scores on the BDI and BAI were markedly elevated at 54 and 51. Diagnosis is Major Depression. She has had six psychotherapy sessions and has shown improvement. In addition she is on Prozac 10 mg daily and her latest reported scores on the BDI and BAI were 44 and 48 respectively. The provider has requested coverage for another 24 sessions. The previous reviewer modified the request to 4 sessions. This is an independent review for medical necessity of the original request of 24 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychotherapy twice (2) monthly; twenty-four (24) sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive behavioral therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cognitive Behavioral Therapy (CBT) guidelines for chronic pain, ODG for Mental Illness and Stress regarding Cognitive therapy for depression.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Stress and Mental Illness, Summary of Medical Evidence.

**Decision rationale:** ODG) Official Disability Guidelines as the MTUS and ACOEM are silent in regards to specific number of sessions for the treatment of serious psychiatric disorders as opposed to chronic pain. The above citation indicates up to 50 sessions in patients with severe depression as appears to be the case here. However the number of sessions is based on evidence of progress. In this case there has been evidence of progress and the previous reviewer has authorized coverage for another four sessions. The modification is reasonable and should allow for continued review for patient status and ongoing medical necessity of the therapy sessions. The 24 requested sessions are considered to be excessive in number and as such not medically necessary since it would not allow for ongoing review of the patient's condition and treatment course.