

<b>Case Number:</b>	CM14-0046448		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	03/31/2009
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	03/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### 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 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 injured worker is a 60-year-old female with a reported injury on 03/31/2009. The mechanism of injury is not provided. The injured worker had an exam on 02/25/2014 where she continued to complain of anxiety and sleeping poorly with pain and discouragement. The injured worker also complained of stress and mood swings and some functional improvement and was talking of trying to go back to work. There is no medication list provided. There are no previous treatments provided. Her diagnoses consist of major adjustment disorder and psychological factors affecting medical condition. There was no psychological evaluation provided but the treatment plan recommended was to have weekly cognitive behavior psychotherapy, medications, biofeedback therapy, telephone consults, as well as related psychiatric and social services necessary to treat the symptoms above. The request for continued weekly therapy for 20 weeks to prevent and maintain recurrent episodes was signed on 03/11/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Weekly psychotherapy treatment for twenty (20) weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines for Mental Illness and Stress regarding Cognitive therapy for depression.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23.

**Decision rationale:** The weekly psychotherapy treatment for 20 weeks is non-certified. The injured worker does have anxiety and sleeping poorly with pain and discouragement and stress and mood swings. She has had previous psychotherapy before but there are no records or documentation as to the effectiveness of that therapy. The California MTUS Guidelines do recommend screening for patients with risk factors for delayed recovery to include the fear avoidance beliefs questionnaire. There is no evidence of a fear avoidance beliefs questionnaire. The guidelines also suggest that initial trial of therapy for 3 to 4 weeks over 2 weeks with evidence of objective functional improvement, a total of up to 6 to 10 visits over 5 to 6 weeks, the request is asking for weekly psychotherapy treatments for 20 weeks which is above the recommended time. Therefore, the request is non-certified.