

<b>Case Number:</b>	CM14-0052628		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	10/13/2008
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	04/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2014

### 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 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 58-year-old female who reported a fall on 10/13/2008. In the clinical notes dated 04/16/2014, the injured worker was being seen for depression symptoms and anxiety. It was noted that the injured worker's symptoms included sleep disturbance, decreased appetite, worthlessness and hopelessness. Prior treatments have included physical therapy, psychological visits, and prescribed pain medications and aquatic therapy. Prescribed medications included Topamax 25 mg 3 times a day, Ambien, tramadol, Vicodin, Norvasc and baby aspirin. The diagnosis included depressive disorder not otherwise specified, anxiety disorder not otherwise specified; access for economic loss of employment, occupational problems. The treatment plan included long-term goals of mood elevation, reduction of irritability, and increases of normal social interaction with family and friends, acknowledgement of depression verbally and resolves its causes. The short term objectives/therapeutic interventions included to specify what is missing from life to cause the unhappiness, the entry date was 09/13/2013 as well as for the specification of what in the past or present life contributes to sadness; to implement positive self-talk to strengthen feelings of self-acceptance self-confidence and hope; describe an interest and participation in social and recreational activities; reduce anger and irritability as evidence by friendly, pleasant interactions with family and friends; express negative feelings through artistic modalities and identify the losses that have been experienced and the feelings associated with those losses. The treatment plan for anxiety included long-term goals of reduction of overall frequency intensity of anxiety response; resolve the key issues that are the source of the anxiety or fear. The short term objectives/therapeutic interventions for anxiety for the entry date 09/13/2013 verbally identify specific fears worries and anxieties; implement positive self-talk to reduce or eliminate anxiety; increase participation in daily social and academic activities; state a connection between anxiety and underlying previously unexpressed wishes or thoughts,

implement appropriate relaxation activities to decrease level of anxiety; identify new coping strategies for anxiety management; identify instances from the past when anxiety has been absent or successfully overcome and identify specific parameters of anxiety occurrence and implement an adaptive solution to reduce anxiety. It was noted that the injured worker had completed 9 sessions of individual psychotherapy since 09/20/2013. It was also noted that the injured worker has made some progress or no change in some of the objectives. A request for weekly therapy was recommended. The Request for Authorization for individual therapy 45 minute sessions once per week for 6 months was not submitted.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Individual therapy 45 minute sessions once per week for 6 months:** Upheld

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

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

**Decision rationale:** The request for individual therapy 45 minute sessions once per week for 6 months is not medically necessary. The California MTUS Guidelines state that behavioral interventions are recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. Initial therapy for at-risk injured workers should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine. Initial trial of 3 or 4 psychotherapy over 2 weeks and with evidence of objective functional improvement, a total of up to 6 to 10 visits over 5 to 6 weeks of individual sessions may be recommended. In the clinical notes provided for review, there is a lack of documentation of the injured worker's pain level status in conjunction with the therapy sessions. There is also a lack of documentation of the injured worker's progress in physical therapy. Furthermore, the request exceeds the guideline recommendation of the total of up to 6 to 10 visits over 5 to 6 weeks. Therefore, the request for individual therapy 45 minute sessions once per week for 6 months is not medically necessary.