

<b>Case Number:</b>	CM14-0076472		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	01/15/2010
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	05/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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 Clinical 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:

Based on the records provided for this independent review, this patient is a 49-year-old female who reported an industrial/occupational work-related injury on January 15, 2010. Medically she has been diagnosed with complex regional pain syndrome, upper extremity. This was reportedly from a carpal tunnel surgery and the CRPS has spread bilaterally. She has been diagnosed with Major Depressive Affective Disorder, single episode, moderate. She has been prescribed, and is taking, Cymbalta 60 mg, 1x 12 hours. She has been participating in individual and group psychotherapy, which reportedly has helped her with decreased anxiety and depression as well as social isolation. A request from one session of psychotherapy with [REDACTED] 1x1 was made and non-certified. This independent review will address a request to overturn the non-certification decision.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychology session with [REDACTED] 1x1:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 23.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part Two: Behavioral Interventions, Psychological Treatment Page(s): 101.. Decision based on Non-

MTUS Citation Official Disability Guidelines (ODG) Mental & Stress Chapter, topic psychotherapy guidelines, June 2014 update.

**Decision rationale:** [REDACTED] (1x1) was stated as medical necessity for the additional psychotherapy session was not established and that there was no objective improvements noted from prior treatment and that the number of sessions since 2010 date of injury was not documented and that because these issues have not been adequately addressed the decision was to non-certified. According to the Official Disability Guidelines treatment guidelines for psychotherapy (June 2014 update), patients may be authorized for 13 to 20 visits if progress is being made; and for patients with severe depression or PTSD that additional sessions up to a maximum of 50 may be provided if progress is being made and is medically necessary. After reading this patient's medical chart, as it was provided for this independent review, I was able to find approximately six progress notes from the treating provider that reflected the patient's progress based on a limited number of sessions that she has had. While I agree with the utilization review finding that the total number of sessions was not provided, and that objective functional improvements were not as clearly delineated, as one would like, there was adequate documentation that the patient appears to be benefiting from her psychological treatment and that it is still medically necessary. The request for one additional session is not excessive and most likely would probably fall within the guidelines as stated above. The patient's medical necessity for Psychotherapy based on her symptomology has been established, the issue that remains unclear (other than the total number of sessions to date) is the precise nature and details of any functional improvements she has derived from prior sessions, vague reference stating that the patient has improved or benefited from treatment are insufficient. But the treating Psychologist did attempt to provide documentation in the form of progress notes and there was marginally enough information regarding progress to allow for one additional session. Therefore, the request is medically necessary.