

<b>Case Number:</b>	CM14-0084555		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	09/26/2008
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	05/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/06/2014

### 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:

The claimant is a 34 year-old female [REDACTED] with a date of injury of 9/26/08. The claimant sustained injury while working as a housekeeper. The mechanism of injury was not found within the minimal records submitted for review. In his PR-2 (progress report) report dated 6/10/14, [REDACTED] diagnosed the claimant with: (1) Lumbar strain; (2) Left sacroiliac pain; and (3) Left hip and leg pain. She has also been treated by psychologist, [REDACTED].

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychotherapy 2 times a week for 6 weeks QTY: 12:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment Index, 11th Edition (Web), 2013, Mental Illness and Stress Psychotherapy Guidelines Chapter,

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

**Decision rationale:** The CA MTUS guideline regarding the use of behavioral interventions in the treatment of chronic pain will be used as reference for this case. Based on the review of the limited medical records, the claimant has been treating with a psychologist however it is unknown when she began receiving services. It is also not known as to how many sessions have

been completed to date as well as the objective functional improvements made from those sessions. In the most recent report and "Request for Authorization" dated 4/16/14 indicated that the claimant "has benefited significantly as a result of her psychotherapy on a subjective, objective, and functional basis." Despite this statement, there is no objective evidence offered other than "her mood is less depressed, she is more animated." Without knowing how many sessions have been completed or the objective functional improvements made from those sessions, the need for additional psychotherapy sessions cannot be fully determined. As a result, the request for "Psychotherapy 2 times a week for 6 weeks QTY: 12" is not medically necessary.