

<b>Case Number:</b>	CM14-0094881		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	08/24/2010
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	06/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2014

### 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 Psychology, has a subspecialty in 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 52-year-old female who reported an injury on 08/24/2010. The mechanism of injury was a repetitive stress injury. Prior treatments included medications, therapy, massage and a TENS unit. The most recent documentation was in 2012. The diagnoses per the Application for independent medical review were anxiety disorder and depressive disorder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Individual psychotherapy, cognitive behavioral therapy for pain management, depression, and anxiety x 12:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) Guidelines recommend behavioral interventions. Injured workers should be screened for risk factors of delayed recovery including fear avoidance beliefs. There should be an initial trial of 3 to 4 psychotherapy visits over 2 weeks if there is a lack of progress from physical medicine alone

after 4 weeks. The clinical documentation submitted for review was dated 2012. There was a lack of documentation indicating the injured worker had a risk factor for delayed recovery including fear avoidance beliefs and a lack of documentation of objective findings to support the requested intervention. The request as submitted failed to indicate the frequency and the quantity of sessions being requested. Given the above, the request for individual psychotherapy, cognitive behavioral therapy for pain management, depression, and anxiety is not medically necessary.